ROWAN'S LAW (ONTARIO GOVERNMENT MANDATORY)

Please Read and sign return to Club Manager either at Coaches Night or via email: clubmanager@simcoesoccer.ca

Concussion Code of Conduct for Coaches and Team Trainers – MANDATORY – ONTARIO LAW I can help prevent concussions through my:

• Efforts to ensure that my athletes wear the proper equipment and wear it correctly.

• Efforts to help my athletes develop their skills and strength so they can participate to the best of their abilities.

• Respect for the rules of my sport or activity and efforts to ensure that my athletes do, too.

• Commitment to fair play and respect for all (respecting other coaches, team trainers, officials and all participants and ensuring my athletes respect others and play fair). *

I will care for the health and safety of all participants by taking concussions seriously. I understand that:

• A concussion is a brain injury that can have both short- and long-term effects.

• A blow to the head, face, or neck, or a blow to the body may cause the brain to move around inside the skull and result in a concussion.

• A person doesn't need to lose consciousness to have had a concussion.

• An athlete with a suspected concussion should stop participating in training, practice or competition immediately.

• I have a commitment to concussion recognition and reporting, including self-reporting of possible concussion and reporting to a designated person when an individual suspects that another individual may have sustained a concussion. *

• Continuing to participate in further training, practice or competition with a suspected concussion increases a person's risk of more severe, longer lasting symptoms, and increases their risk of other injuries or even death.

I will create an environment where participants feel safe and comfortable speaking up. I will:

• Encourage athletes not to hide their symptoms, but to tell me, an official, parent or another adult they trust if they experience any symptoms of concussion after an impact.

• Lead by example. I will tell a fellow coach, official, team trainer and seek medical attention by a physician or nurse practitioner if I am experiencing any concussion symptoms.

• Understand and respect that any athlete with a suspected concussion must be removed from sport and not permitted to return until they undergo a medical assessment by a physician or nurse practitioner and have been medically cleared to return to training, practice or competition.

• For coaches only: Commit to providing opportunities before and after each training, practice and competition to enable athletes to discuss potential issues related to concussions. *

I will support all participants to take the time they need to recover.

• I understand my commitment to supporting the return-to-sport process. *

• I understand the athletes will have to be cleared by a physician or nurse practitioner before returning to sport.

• I will respect my fellow coaches, team trainers, parents, physicians and nurse practitioners and any decisions made with regards to the health and safety of my athletes.

By signing here, I acknowledge that I have fully reviewed and commit to this Concussion Code of Conduct.

Coach/Team Trainer Name: ______ Signature: ______ Date: _____