



**Concussion Code of Conduct**  
**All Orillia Channel Cat Swim Club Participants**

In recognition of the potential seriousness of a concussion, I, \_\_\_\_\_, commit to following the concussion protocols and expectations highlighted below.

**I will help prevent concussions by:**

- Respecting the rules of my sport.
- Being committed to fair play and respect for all, including other athletes, coaches, and officials.

**I will care for my health and safety by taking concussions seriously, and I understand that:**

- A concussion is a brain injury that can have both short and long-term effects.
- A blow to my head, face or neck, or body that causes the brain to move around inside the skull may cause a concussion.
- I don't need to lose consciousness to have had a concussion.
- I have a commitment to concussion recognition and reporting, including if I think I might have a concussion I should stop participating in further training, practice or competition immediately and tell a coach; as well as reporting to my coach if I think another participant has a concussion.
- Continuing to participate in further training, practice or competition with a possible concussion increases my risk of more severe, longer lasting symptoms, and increases my risk of other injuries.

**I will not hide concussion symptoms. I will speak up for myself and others.**

- I will not hide my symptoms. I will tell a coach, official, parent or another adult I trust if I experience any symptoms of concussion.
- I will report any concussion injury sustained outside of swimming activities to my swimming coach/ officials and recognize that this concussion restricts any participation in swimming related activities until I have obtained medical clearance to return to training, practice or competition.
- If someone else tells me about concussion symptoms, or I see signs they might have a concussion, I will tell a coach, umpire, parent or another adult I trust so they can help.
- I understand that if I have a suspected concussion, I will be removed from sport and that I will not be able to return to training, practice or competition until I undergo a medical assessment by a medical doctor or nurse practitioner and have been medically cleared to return to training, practice or competition.
- I have a commitment to sharing any pertinent information regarding incidents of removal from sport with my school and any other sport organization where I am registered.

**I will take the time I need to recover, because it is important for my health.**

- I understand my commitment to following the return-to-sport process.
- I will respect my coaches, parents, health-care professionals, and medical doctors/nurse practitioners, regarding my health and safety.

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

Athlete: \_\_\_\_\_

Parent/Guardian (of athletes who are under 18 years of age): \_\_\_\_\_

Date: \_\_\_\_\_