

## Player Code of Conduct & Concussion Resource Review for Interschool Sports

Please sign and return to the school

**This code of conduct is to be completed by all students participating in board sponsored interschool sport activities; it sets out rules of behavior to minimize concussions while playing sports.**

**Student Name:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Sports Team:** \_\_\_\_\_

**Teacher/Coach:** \_\_\_\_\_

### **Respect Yourself:**

- I will wear the proper equipment and wear it correctly.
- I will develop my skills and body strength so that I can play the game to the best of my abilities.
- I understand that a concussion is a serious brain injury that has both short- and long term effects.
- I understand that I don't need to lose consciousness to have a concussion.
- I understand that any blow to the head, face, or neck, or a blow to the body which causes a sudden jarring of the head may cause a concussion.
- I understand that if I suspect I might have a concussion I should stop playing the sport immediately.
- I understand that continuing to play with a suspected concussion increases my risk of more severe, longer lasting concussion symptoms, as well as increases my risk of other injury.
- I will not hide my symptoms. I will tell my coach, trainer, parent, or other responsible person if I am concerned I have had a concussion and/or experience any signs and symptoms of concussion following a collision.
- I understand I will not be able to return to play following a collision where I experience signs and symptoms of concussion.
- I understand I will have to be cleared by a physician or qualified medical professional, preferably one with experience in concussion management, prior to returning to play.

- I understand I will have to follow the steps Return to Physical Activities plan when returning to activity.

**Respect Others:**

- I will respect the rules of the game.
- I will respect my opponents and play fair.
- I will not fight or attempt to injure anyone on purpose.
- I will respect my teachers, coaches, trainers, parents and the medical professionals and any decisions made with regards to my health and safety.

I have reviewed the Board approved [Concussion Awareness Resources](#) within this school year (either through school or through my amateur competitive sports organization), prior to participation in the board sponsored interschool sport activity.

Parent/Guardian Name: \_\_\_\_\_  
(Please print)

Signature: \_\_\_\_\_

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

Student Name: \_\_\_\_\_  
(Please print)

Signature: \_\_\_\_\_

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

**Information Collection Authorization:** The personal information contained on this form has been collected in accordance with the Municipal Freedom of Information and Protection of Privacy Act, and Policy and Program Memorandum 158, titled School Board Policies on Concussion.

**USER: PRINCIPAL, TEACHERS, SPECIAL EDUCATION RESOURCE TEACHER, COACHES**

**ORIGINAL: OSR COPIES: 1. PARENT/GUARDIAN/STUDENT, IF OVER THE AGE OF 18**