

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: _____

Maintaining a safe learning environment

- I will bring any potential issues related to the safety of equipment and facilities to the attention of the Coach.
- I will wear the protective equipment for my sport and wear it properly.

Fair play and respect for all

- I will show respect for my teammates, opponents, officials, spectators, and practice fair play.
- I will not pressure injured teammates to participate in practices or games/competitions.

Teaching/learning the rules of a physical activity, including the strict enforcement of consequences for prohibited play that is considered high-risk for causing concussions

- I will learn and follow the rules of the sport and follow the coach's instructions prohibiting behaviours that are considered high-risk for causing concussions.
- I will respect and accept that the coach will strictly enforce, during practice and competition, the consequences for dangerous behaviour.
- I will respect and accept the decisions of the officials and the consequences for any behaviours that are considered high-risk for causing concussion.

Implementing the skills and strategies of an activity in a proper progression

- I will follow my Coach's instructions about the proper progression of skills and strategies of the sport.
- I will ask questions and seek clarity for any skills and strategies of which I am unsure.

Providing opportunities to discuss potential issues related to concussions

- I will talk to my Coach or caring adult if I have questions or issues about a suspected or diagnosed concussion or about my safety in general.

Concussion recognition and reporting

- I will remove myself immediately from any sport and will tell the Coach or caring adult if I think I might have a concussion.
- I will tell the Coach or caring adult immediately when I think a teammate might have a concussion.

- I understand that if I receive a jarring impact to the head, face, neck, or elsewhere on my body that is observed by or reported to the Coach, that I will be removed immediately from the sport, and:
 - I am aware that when I have signs or symptoms I should go to a medical doctor or nurse practitioner to be diagnosed as soon as reasonably possible that day, and will report the results to appropriate school staff.
 - I am aware that not all signs and symptoms emerge immediately and there are times when signs and symptoms emerge hours or days after the incident and I must stop physical activities and be monitored for the next 24 hours.
- If no signs or symptoms appear after 24 hours, I will inform the appropriate school staff and I can then be allowed to participate.
- If signs or symptoms begin, I will be assessed by a medical doctor or nurse practitioner as soon as reasonably possible that day and will report the results to appropriate school staff.

Acknowledging the importance of communication between the student, parent, school staff, and any sport organization with which the student has registered

- I will communicate with my Coaches, Parent/Guardian, and school staff and any sport organization with which I am registered about a suspected or diagnosed concussion or general safety issues.

Supporting the implementation of a Return to Learn Plan for students with a concussion diagnosis

- I understand that I will have to follow the Return to Learn Plan if diagnosed with a concussion.
- I understand I will not be able to return to full participation, including practice or competition until permitted to do so in accordance with the School Board's Return to Learn Plan.
- I understand that I will need a Medical Clearance as required by the Return to Physical Activity Plan, prior to returning to full participation in "non-contact sports" or returning to a practice that includes full contact in "contact sports".

Prioritizing a student's return to learning as part of the Return to Learn Plan

- I will follow the recovery stages and learning strategies proposed by the collaborative team for my Return to Learn Plan.

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 (grade 9-12 only): _____

Date: _____

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