



Concussion Code of Conduct - Participant

In accordance with Rowan's Law (Concussion Safety), 2018, North Bay Curling and Athletic Corporation (NBCAC) has developed a Code of Conduct for all participants and staff to review and adhere to.

I understand the following commitments that are required by myself as a participant to participate in activity within the NBCAC:

1. Fair play and respect for all Staff, Coaches, Participants, Officials etc.
2. Developing my skills and strength so that I can participate to the best of my ability.
3. Respecting and following the rules of my sport or activity.
4. Wearing proper equipment for my activity and wearing it correctly.
5. Recognizing and reporting, including self-reporting of possible concussion
6. Reporting to NBCC staff member when:
 - a. Self-reporting of possible concussion
 - b. Reporting when I, or when someone else suspects that another individual may have sustained a concussion
7. If applicable, I commit to sharing any pertinent information regarding incidents of removal from sport with my school, workplace, or other sport organization in which I have registered. I understand that letting all of my teachers, employers and sporting organizations know about my injury will help them support me while I recover.

I will not hide my symptoms. I will tell NBCAC staff if I experience any symptoms of a concussion.

I understand the following in regard to concussions:

1. A concussion is a serious injury that can have short and long-term effects
2. Any blow to the head, face, neck, or body may cause jarring of the head and possible concussion.
3. I do not need to lose consciousness or have immediate symptoms to have sustained a concussion.
4. If I continue to participate in further training, practice, or competition with a possible concussion my risk of more severe, longer lasting symptoms increases, as well as my risk of other injuries.
5. If I have a suspected concussion, I will be removed from sport and 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.
6. If I have a suspected concussion, I will not drive and will accept support to arrange a safe ride home for myself.

By signing here, I acknowledge that I have fully reviewed Concussion Awareness Resources linked on the NBCAC website under the FAQ section, and commit to this Concussion Code of Conduct.

Version: 0
Approval Date: March 17, 2021



Participant Name: _____
Participant Signature: _____ Date: _____

If under age of majority:
Parent/Guardian Name: _____
Parent/Guardian Signature: _____ Date: _____



Revision Log

Version	Date	Changes
0	March 17, 2021	Initial document.

Approval

Date: _____
Name: _____
Signature: Natasha Gibson
Position: _____

Date: **March 17, 2021**
Name: **Mackenzie Daley**
Signature: M Daley
Position: **Secretary**