**Chesley Minor Ball**

Concussion Code of Conduct for **ATHLETES & PARENTS/GUARDIANS**

This is Chesley Minor Ball’s Concussion Code of Conduct for athletes and parents/guardians.

My Player has reviewed the Rowan’s Law.

**I will help prevent concussions by:**

* Wearing the proper equipment for my sport and wearing it correctly.
* Developing my skills and strength so that I can participate to the best of my ability.
* Respecting the rules of my sport or activity.
* My commitment to fair play and respect for all (respecting other athletes, coaches, team trainers 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 a blow to the 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 self-reporting of possible concussion and reporting to a designated person when and individual suspects that another individual may have sustained a concussion.*(Meaning: If I think I might have a concussion I should stop participating in further training, practice or competition* ***immediately****, or tell an adult if I think another athlete 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, team trainer, parent or another adult I trust if I experience **any** symptoms of concussion.
* 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 the athlete’s school and any other sport organization with which the athlete has registered.*(Meaning: If I am diagnosed with a concussion, I understand that letting all of my other coaches and teachers know about my injury ill elp them support me while I recover.)***I will take the time I need to recover, because it is important for my health.**
* I understand my commitment to supporting the return-to-sport process.*(I will have to follow my sport organization’s Return-to-Sport Protocol.)*
* I understand I will have to be medically cleared by a medical doctor or nurse practitioner before returning to training, practice or competition.
* I will respect my coaches, team trainers, parents, health-care professionals, and medical doctors and nurse practitioners, regarding my health and safety.

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| **By signing here, I acknowledge that I have fully reviewed and commit to this Concussion Code of Conduct.** Athlete Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(of athletes who are under 18 years of age)*  |
| Date:  |