The Ontario Government has enacted Rowan’s Law (Concussion Safety), 2018, S.O. 2018, c. 1 (“Act”). Ontario Regulation 161/19, the Act requires all sport organizations as defined in the Regulation (“Sports Organization”), which includes the Wilmot Softball Association (“WSA”), to have a Concussion Code of Conduct. This Concussion Code of Conduct must require participants, as set out in the Act, to review the Ontario Government’s issued Concussion Awareness Resources on an annual basis. A participant is subject to a Concussion Code of Conduct for each Sports Organization a participant registers with.

Applicable age appropriate Concussion Awareness Resources are located at [www.ontario.ca/concussions](file:///C%3A%5CUsers%5Csusan.hall%5CDownloads%5Cwww.ontario.ca%5Cconcussions). The WSA Concussion Code of Conduct and the appropriate Concussion Awareness Resources must be reviewed before you can register/participate in the WSA.

[• 10 and Under Concussion Awareness Resource](https://cloud.rampinteractive.com/wilmotsoftballassociation/files/mtcs-rowans-law-booklet-ages-10-and-under-en-2019-05.pdf)

[• 11-14 Concussion Awareness Resource](https://cloud.rampinteractive.com/wilmotsoftballassociation/files/mtcs-rowans-law-booklet-ages-11-to-14-en-2019-05.pdf)

[• 15 and Over Concussion Awareness Resource](https://cloud.rampinteractive.com/wilmotsoftballassociation/files/mtcs-rowans-law-booklet-ages-15-and-up-en-2019-05.pdf)

**WSA Concussion Parent and Player Code of Conduct**

## 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.
* If someone else tells me about concussion symptoms, or I see signs they might have a concussion, I will tell a coach, official, team trainer, 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 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 will help 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.

**I will help prevent concussions, through my:**

* Commitment to zero-tolerance for prohibited play that is considered high risk for causing concussions
* Acknowledgement of mandatory expulsion from competition for violating zero-tolerance for prohibited play that is considered high risk for causing concussions (Meaning: I will be disqualified/expelled from play if I violate the zero-tolerance policy).
* Acknowledgement of the escalating consequences for those who repeatedly violate the Concussion Code of Conduct.

### **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_**