**Concussion Code of Conduct 2025**

The following section of the Concussion Code of Conduct *must* be signed by all Participants under the age of 26 years old. For Participants who are younger than 18 years old, a parent/guardian must also sign this section. *It is recommended that all Participants sign regardless of age to indicate they understand the seriousness of concussions.*

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.

• Demonstrating 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-term 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, and I will 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 my school and any other sport organization with which I have 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).

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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 and I will 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.

By signing here, I acknowledge that I have fully reviewed and commit to this

Concussion Code of Conduct.

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Name of Participant (print) Signature of Participant Date of Birth

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Name of Parent or Guardian (print) Signature of Parent or Guardian Date