



ACCESSIBILITY:

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School Year: _____

Name of Student: _____ School: _____

As a student at the above-named school, I am committed to the following Codes of Conduct:

FOR PLAY

I will:

1. Tell my coach if I think the sport equipment that I am using is unsafe or broken.
2. Wear the protective equipment for my sport and wear it properly.
3. Show respect for my teammates, opponents, officials, spectators, and I will play fair.
4. Not pressure injured teammates to participate in practices or games/competitions.
5. Learn and follow the rules of the sport and understand the consequences for dangerous play.
6. Respect and accept the decisions of the officials.
7. Follow my coach's instructions about the proper progression of skills and strategies of the sport.
8. Ask my coach questions if I don't understand a skill or strategy of the sport.

FOR CONCUSSIONS

I will:

1. Talk to my coach or caring adult if I have questions or problems about concussions or about my safety in general.
2. Remove myself immediately from any sport or physical activity and will tell the coach or caring adult if I think I might have a concussion.
3. Stop playing immediately if I think that I might have a concussion and tell my coach or caring adult.
4. Tell the coach or caring adult immediately if I think a teammate might have a concussion.
5. Communicate with my coaches, parent/guardian, school staff and any sport club with which I am registered about suspected and diagnosed concussions.
6. Tell my coaches, parent/guardian, teacher and my club coach if I have a concussion or anyone thinks I have a concussion.
7. Follow the Return to School Plan if diagnosed with a concussion.

I understand that:

1. For my own safety, I will be removed from playing if my coach or trainer feels like I may have a concussion.
2. I will be removed from playing if my coach or trainer feels like I may have a concussion.



3. Concussion symptoms may take time to show, so if I notice signs or symptoms later on, I will tell a trusted adult.
4. It may take until the next day for me to feel any concussion signs or symptoms and if I feel anything like a concussion, I will tell a trusted adult.
5. If I get a concussion, I will have a plan made for me that I will need to follow to get better.
6. Medical Clearance is required prior to returning to participation in sport or physical activity in accordance with the Return to School Plan.
7. If I get a concussion, only a doctor or nurse can tell me when I'm safely allowed to return to my sport and physical activity.

ACKNOWLEDGEMENT

I _____ have read and understand the above Code of Conduct.
(name of student)

Signature of Student-Athlete (handwritten or typed)

Date (yyyy-mm-dd)

Notice of Collection

Information on this form is collected further to the board's authority under the Education Act section 321(1),(3) and further to section 28(2) of the Municipal Freedom of Information and Protection of Privacy Act [MFIPPA]. Information on this form will be used to administer the concussion awareness program. Questions regarding the collection of this information should be directed to the WCDSB Privacy Officer (privacy@wcdsb.ca, 519-578-3660, Ext. 2381) or the school principal.

Completed by: Student-Athlete
Distribution: School → Student-Athlete → Main Office
Retention: Main Office (7 Years)