Rowan's Law Skater Acknowledgement

Rowan's Law Acknowledgement Form for Athletes

Athletes under 26 and parents of athletes under 18 years of age must confirm that they have reviewed the Government of Ontario Concussion Awareness Resources below and Skate Ontario's Concussion Code of Conduct for Athletes and Parents/Guardians prior to registration and/or on the first day of skating.

Government of Ontario Concussion Awareness Resources – Rowan's Law E-booklet: • Ages 10 and Under • Ages 11-14 • Ages 15 and Up
Skate Ontario: • Concussion Code of Conduct for Athletes and Parents/Guardians

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 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, synchro team manager, 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 club/skating school'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 manager, 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.

I acknowledge that I am the skater participating in physical activities at the Eganville Skating Club and I have read the Government of Ontario Concussion Awareness Resource for my age group and the Skate Ontario Concussion Code of Conduct and understand what a concussion is and how it may be caused. I understand the importance of reporting a suspected concussion to my coaches and my parent/guardian. I understand that I must be removed from practice/competition if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before

returning to practice/competition. I understand the possible consequence of returning to practice/competition too soon and that my brain needs time to heal.