

This document is required for all student-athletes participating in interschool (including District 4/10) sporting events. Parents/guardians of student-athletes under 18 years of age are to review and sign this document with their child.

As a student-athlete or parent for the 20___ - ___ school year, I understand that:

- the risk of sustaining injury in sport can occur without any fault of myself, the school board and its staff, or the facility where the activity is taking place. By choosing to participate in sport, I am accepting the risk that I may be injured, resulting in a fracture, laceration, sprain, strain, contusion, concussion, etc.

I am committed to maintaining a safe learning environment. I will:

- bring any potential safety issues related to the equipment and facilities to the attention of the coach and wear the protective equipment for my sport properly

I am committed to fair play and respect for all. I will:

- show respect for my coaches, teammates, opponents, officials, spectators, and practice fair play
- not participate, nor will I pressure injured teammates to participate, in practices or games or competitions if injured

I am committed to learning the rules of a physical activity. I will:

- learn and follow the rules of the sport and follow the coach's instructions prohibiting behaviours that are considered high-risk for causing concussions
- respect and accept that the coach will strictly enforce, during practice and competition, the consequences for dangerous behaviour
- respect and accept the decisions of the officials and the consequences for any behaviours that are considered high-risk for causing concussion

I am committed to implementing the skills and strategies of an activity in a proper progression. I will:

- follow my coach's instructions about the proper progression of skills and strategies of the sport and seek clarity for any skills and strategies of which I am unsure

I am committed to concussion recognition and reporting. I will:

- talk to my coach or caring adult if I have questions or issues about a suspected or diagnosed concussion or about my safety in general
- remove myself immediately from any sport and will tell the coach or trainer if I think I might have a concussion
- tell the coach or trainer immediately if I think a teammate might have a concussion
- understand that if I receive a jarring impact to the head, face, neck, or elsewhere on my body that is observed by the coach, that I will be immediately removed from the sport and:
 - am aware that when I have concussion signs or symptoms, I should go to a medical doctor or nurse practitioner to be diagnosed as soon as reasonably possible, and will report the results to appropriate school staff
 - am aware that not all signs and symptoms emerge immediately and there are times when signs and symptoms emerge hours or days after the incident and I must stop physical activity and be monitored for the next 24 hours

- inform the appropriate school staff if no signs or symptoms appear after 24 hours, and then be allowed to participate in physical activity

I am committed to acknowledging the importance of communication between the student, parent, school staff and any sport organization with which the student is registered. I will:

- communicate with my coaches, parent/guardian, school staff and any sport organization with which I am registered about a suspected or diagnosed concussion or general safety issues

I am committed to supporting the implementation of a Return to Learn/Return to Activity Plan for students with a concussion diagnosis. If diagnosed with a concussion, I understand that I will:

- have to follow the board’s Return-to-Learn/Return to Activity Plan
- not be able to return to full participation, including practice or competition, until permitted to do so in accordance with the board’s Return to Learn/Return to Activity Plan
- need medical clearance prior to returning to full participation in “non-contact” sports or returning to a practice that includes full contact in “contact sports”

I am committed to prioritizing a Return to Learn Plan for students with a concussion diagnosis.

- I will follow the recovery stages and learning strategies proposed by the collaborative team for my Return to Learn/Activity Plan.

The school board does not provide accidental death, disability, dismemberment or medical/dental expense insurance on behalf of students. If not required for a specific activity, all students are encouraged to have extended health and dental coverage, or Student Accident Insurance. Please find more information on Student Accident Insurance on your school board’s website.

As mandated by Rowan’s Law and board policy, every student-athlete is required to confirm they have reviewed the Concussion Code of Conduct above and a Government of Ontario Concussion Awareness Resource.

Concussion Awareness Resources (*available at <https://www.ontario.ca/page/rowans-law-concussion-awareness-resources>*)

- [Ages 10 and under](#)
- [Ages 11-14](#)
- [Ages 15 and over](#)

By signing here, I acknowledge that I have fully reviewed a Rowan’s Law Concussion Awareness Resource and commit to the board’s Concussion Code of Conduct above, and that in participating on a sports team, I am assuming the risks associated with doing so.

Student-Athlete Name: _____

Student-Athlete Signature: _____ Date: _____

Parent/Guardian Name (for student-athletes under 18): _____

Parent/Guardian Signature: _____ Date: _____

This information is collected under the authority of the *Education Act* and in accordance with the *Municipal Freedom of Information and Protection of Privacy Act*. This information is collected as part of the board’s commitment to student safety and compliance with *Rowan’s Law*. This form will be securely stored and retained in accordance with the board’s records retention schedule. Questions about this collection should be directed to the school principal.