

Field Hockey Ontario Concussion Code of Conduct for Athletes

Name of Athlete: _____

I will help prevent concussions by:

- Wearing appropriate field hockey equipment in the correct manner.
- Developing my skills and strength so that I can participate in on-field training, off-field training, game-play, and/or tournaments to the best of my ability.
- Respecting the rules of field hockey.
- Committing to fair play and respect for all, including other athletes, coaches, officials, medical staff, and spectators.
- Committing to zero-tolerance for prohibited play that is considered high risk for causing concussions and other injuries.
- Acknowledging mandatory expulsion from competition for violating zero-tolerance for prohibited play that is considered high risk for causing concussions and other injuries. I understand that I will be suspended from play if I violate the zero-tolerance policy.
- Acknowledging the escalating consequences for those who repeatedly violate the Concussion Code of Conduct.

I will care for my health and safety by taking concussions seriously, and I understand that:

- A concussion is a form of traumatic brain injury that can have both short- and long-term effects on my overall health and well-being.
- A concussion can be caused by a direct blow to the head, face, or neck, or may be caused by a blow elsewhere on the body that transmits a force to the head, causing the brain to shake within the skull.
- A concussion is a functional injury of the brain, rather than a structural injury. Thus, a concussion often does not appear on standard diagnostic imaging such as x-ray, MRI, or CT scan.
- I do not need to lose consciousness to have had a concussion. Every concussion is different and can manifest in different signs-and-symptoms profiles. Signs and symptoms of concussion may range from mild to severe, and may be experienced immediately or appear several hours/days after the initial impact.
- I have a commitment to concussion recognition and reporting, including self-reporting of possible concussion to a designated person (ie. athletic therapist, coach), and reporting to a designated person if I think that another individual may have sustained a concussion. If I think I might have a concussion, I should stop participating in training/practice/competition immediately and report to the designated person. If I know another athlete is experiencing concussion signs/symptoms, I should immediately report to the designated person.

- 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 medical staff, a coach, an official, a 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 medical staff, a coach, an official, a 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 must provide Field Hockey Ontario and my coach(s)/medical staff with a written note from the medical doctor or nurse practitioner regarding my clearance for return-to-play.
- 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 may be registered with. 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 respect the decision of medical staff to remove me from play if a concussion is suspected.

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 Field Hockey Ontario's Graduated Concussion Return-to-Play Protocol.
- I understand I will have to be medically cleared by a medical doctor or nurse practitioner before returning to training, practice or competition after sustaining a possible concussive-incident. I must provide Field Hockey Ontario and my coach(s)/medical staff with a written note from the medical doctor or nurse practitioner regarding my clearance for return-to-play.
- I will respect my coaches, medical staff, parents, and medical doctors and nurse practitioners, regarding my health and safety.



**FIELD
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By signing here, I acknowledge that I have fully reviewed and commit to Field Hockey Ontario's Concussion Code of Conduct.

Athlete: _____

Athlete Signature: _____

Parent/Guardian Name (of athletes who are under 18 years of age): _____

Parent/Guardian Signature (of athletes who are under 18 years of age): _____

Date: _____