



**Kakabeka Falls Curling Club**  
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## CONCUSSION CODE OF CONDUCT

The following concussion policy must be reviewed, understood and signed by all Kakabeka Falls Curling Club participants and members. For those under 18 years old, a parent/guardian must review, understand and sign on their behalf.

### **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, 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- 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 an individual suspects that another individual may have sustained a concussion (*which means, if I think I might have a concussion I should stop participating, or if I think another athlete has a concussion, I should stop and tell an adult **immediately***)
- 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 the athlete's school and any other sport organization with which the athlete has registered (*which means, if I am diagnosed by a medical professional 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 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 am committed to this Concussion Code of Conduct for Kakabeka Falls Curling Club (KFCC).**

**Athlete Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date signed:** \_\_\_\_\_

(dd/mm/yyyy)