OCAA Concussion Code of Conduct

Athletes

Background

Rowan’s Law (Bill 193) was given Royal assent on March 7th, 2018 by the Ontario Legislature. Rowan’s Law imposes various requirements on sport organizations, or entities that carry out amateur competitive sport. These requirements include:

- Any individual cannot participate in a sports activity unless they confirm they have reviewed the concussion awareness resources approved by the Minister of Tourism, Culture and Sport.
- Individuals must confirm they have reviewed the sport organizations concussion code of conduct.
- Organizations must establish a removal-from-sport protocol for athletes who are suspected of having sustained a concussion.
- Organizations must establish a return-to-sport protocol for athletes who have sustained a concussion.

In accordance with Rowan’s Law, the OCAA has developed a Code of Conduct for all participating athletes and coaches to read and follow. OCAA has a ZERO tolerance policy for dangerous behaviours which are considered high risk for causing concussion or head injuries. The following expectations are required by our athletes and coaches in the OCAA.

1) Individuals are expected to self-report any symptoms of a concussion or mechanism of injury to therapy staff.
2) Athletes are expected to look out for their teammates by reporting any suspected or confirmed concussion symptoms of a teammate to therapy staff.
3) Individuals are expected to be completely honest to themselves, therapy and doctors about how they are feeling both during assessment and follow up appointments.
4) Athletes are expected to respect athletes that are in a vulnerable position, and to avoid contact with said person whenever possible.
5) Uphold the rules of the sport, spirit of such rules and encourage other athletes to do the same.

I have read and understand the statements in the Code of conduct for Athletes and agree to conduct myself in a manner that demonstrates the established standards in the OCAA’s Code.

I have reviewed the concussion awareness resources and viewed the concussion awareness video provided to me by my institution.

I have had the opportunity to ask questions and been made aware of my institutions removal-from-sport and return-to-sport policies.

Name of Student (Print) ____________________________________________

Signature of Student ____________________________________________ Date ___________

Name of Parent (if under 18) ____________________________________

Signature of Parent (if under 18) ______________________________ Date ___________