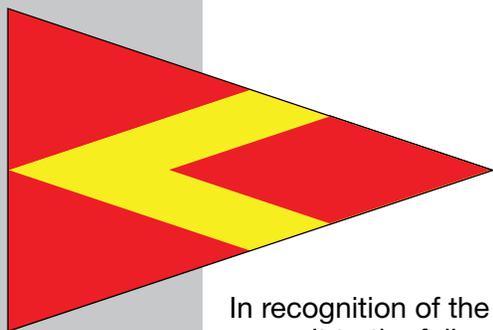


LaSalle Mariners Yacht Club

2640 Front Road,
LaSalle, Ontario
N9J 2N1



Concussion Code of Conduct

In recognition of the potential seriousness of a concussion, I _____
commit to the following concussion protocols and expectations highlighted below:

I will help prevent concussion by :

- Respecting the rules of my sport.
- Being committed to fair play and respect for all, including other participants 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 term and long term effects
- **A blow to my head, face, or body that causes the brain to move around inside the skull may cause a concussion.**
- I do not need to lose consciousness to have had a concussion.
- I have a commitment to concussion recognition and reporting, including if I think I might have had a concussion, I should stop participating in further competition and immediately advise my skipper/crew/race director. I further agree to report others I have witnessed receiving a blow whereas the other participant may have a concussion.
- Continuing to participate in further activities 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 advise my Skipper/Crew/Race Director if I experience symptoms of concussion.
- If someone else tells me about concussion symptoms, or I see signs that they might have a concussion, I will report it so they can get help.
- I understand that if I have a suspected concussion, I will be removed from the sport and I will not be able to return until I undergo a medical assessment by a medical doctor or a nurse practitioner and have been medically cleared to return.
- I have a commitment to sharing any pertinent information regarding incidents of removal from sport with LMYC and any other sport organization where I am registered.

I will take the time I need to recover, because it is important for my health

- I understand my commitment to following the return to sport process.
- I will respect the healthcare professionals and medical doctors/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.

Participant (Print): _____ (Sign) _____

Parent/Guardian(For all participants under 18 years of age)

Print _____ Sign _____

Date: _____