# **MCC Concussion Code of Conduct for Athletes and Parents/Guardians (for athletes under 18 year of age)**

## **I will help reduce the possibility of concussions by:**

* Wearing a properly fitted helmet (this is required for all youth in the MCC Little Rocks program, and is strongly encouraged for all youth in the MCC Bantam program).
* Learning the proper way to enter, leave and move about on the ice.
* Developing my skills and strength so that I can participate in a safe a secure fashion when on the ice.
* 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 and individual suspects that another individual may have sustained a concussion.\* (Meaning: If I think I might have a concussion I should stop participating in further training, practice or competition **immediately,** or tell an adult if I think another athlete has a concussion).
* 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\* (Meaning: 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 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 commit to this Concussion Code of Conduct.**

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

**Parent/Guardian (of athletes who are under 18 years of age): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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