



Concussion Code of Conduct

I will help prevent concussions by:

- Respecting the rules of Ultimate.
- Respecting my opponents and play safely.
- Wearing proper equipment and wearing it correctly.
- Developing my skills and strength so I can play the game to the best of my abilities.

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

- A concussion is a **serious** brain injury that has both short and long term effects.
- I do not need to lose consciousness to have a concussion.
- 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.
- If I think I might have a concussion I will self-report my possible concussion to a “designated person” (coach, parent, captain, or other responsible person), and **immediately** stop participating in further training, practice or competition.
- I will report to a designated person if I suspect another player has a concussion, or concussion-like symptoms.
- That continuing play with a suspected concussion increase my risk of more severe, longer lasting concussion symptoms, as well as increases my risk of other injury.

I will not hide my concussion symptoms. I will speak up for myself and others:

- I will not hide my symptoms. I will tell a designated person if I am concerned I have had a concussion and/or experience **any** signs and symptoms of a concussion.
- If someone else tells me about concussion symptoms, or I see signs they might have a concussion, I will tell a coach, parent, official, captain, or another responsible adult I trust so they can help.



- If I have a suspected concussion, I understand 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 (preferably one with experience in concussion management) and have been medically cleared to return to training, practice or competition.

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

- I understand I will have to follow the 6-step Return to Play guidelines when returning to activity.
- I understand I will have to be medically cleared by a medical doctor or nurse practitioner, preferably one with experience in concussion management, prior to returning to training, practice or competition.
- I will respect my coaches, parents, captains, 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 Name: _____

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

Signature: _____

Date: _____