

# The Oakville Curling Club

224 Allan Street  
Oakville ON L6J 6L2  
(905) 844-6982 | info@oakvillecurlingclub.com



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## Oakville Curling Club Concussion Code of Conduct for Members

*All members must fully read this document and sign the bottom portion before registering or participating in any of the Oakville Curling Club's Curling Programs.*

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### **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.
- Respecting the safety rules of the Oakville Curling Club.
- My commitment to fair play and respect for all (respecting other members, coaches, trainers, volunteers and staff).

### **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.
  - *If I think I might have a concussion I should stop participating in further training, practice or competition **immediately**, or tell someone if I think another member 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 staff member, other member, volunteer or coach 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 staff member, other member, volunteer or coach so they can help.

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- 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 any other sport organization with which I am registered.

## **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, trainers, health-care professionals, and medical doctors and nurse practitioners, regarding my health and safety.

## **I have reviewed the Ministry of Sport Concussion Awareness Resource found at [Ontario.ca/concussions](http://Ontario.ca/concussions).**

- I understand that it is my responsibility to review these resources once per year.
  - *If you would like to have a record of your review of the concussion awareness resources, you can complete this form and keep it as a receipt to remind you of the date on which you reviewed it.*

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**By signing here, I acknowledge that I have fully reviewed, understand and commit to this Concussion Code of Conduct and the appropriate Concussion Awareness Resources and commit to operating within the parameters of the OCC Concussion Code of Conduct.**

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Printed Name of Participant

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Signature of Participant

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Date