

VRRA Concussion Code of Conduct for all Riders, and Parents/Guardians of riders under 18 year of age

I will help prevent concussions by:

- Wearing the inspected helmet and wearing it correctly.
- Developing my skills and strength so that I can participate to the best of my ability.
- Respecting the VRRA rules and regulations.
- My commitment to fair play and respect for all (respecting other riders, track officials, volunteers and VRRA 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 an individual suspects that another individual may have sustained 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 medical staff, official, 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 medical staff, official, parent or another adult I trust so they can help.

- I understand that if I have a suspected concussion, I will be removed from racing and that I will not be able to return to practice or competition until I undergo a medical assessment by a medical doctor or nurse practitioner and have been medically cleared to return to 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 the officials, my parents, health-care professionals, 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 and that I have reviewed the Ontario Concussion Awareness Resource for ages 15 and up.

Rider Name: _____

Rider Signature: _____

Date: _____

Parent/Guardian (of riders who are under 18 years of age)

Name: _____

Signature: _____

Date: _____