## LapDogs Cycling Club Concussion Code of Conduct

As a member of LapDogs Cycling Club, I understand that all disciplines of cycling carry an inherent risk of injury, including head injuries and/or concussions. I further understand that there are significant health risks associated with participating in athletic activities, including cycling, while suffering from the after-effects of a concussion. I acknowledge that it is incumbent upon myself, and all members of The Pack, to minimize the risk of concussion, to be vigilant of other members potentially sustaining concussions, and to ensure that members who might have experienced a concussion to not participate in clubrelated activities until they have been medically cleared to do so.

### I will help prevent concussions by:

- Wearing my helmet at all times while cycling.
- Ensuring that my helmet fits properly, and is properly adjusted.
- Replacing my helmet after any impact (including dropping my helmet), and/or when more that 3-5 years old.
- Developing my skills and strength so that I can participate to the best of my ability.
- Riding within my limits.
- Respecting the rules of cycling and, where applicable, the rules of the road, including the *Highway Traffic Act* R.S.O. 1990 chap. H.8, as amended;
- My commitment to fair play and respect for all

# 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 selfreporting 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 a ride leader or club executive member 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 ride leader, club executive member, 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 ride leader, club executive member, 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 all club rides and/or races and that I will not be able to return to riding, 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 riding, training, practice or competition.
- I have a commitment to sharing any pertinent information regarding incidents of removal from sport with, in the case of a minor, the member'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 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 club rides, training, practice or competition.
- I will respect my coaches, team trainers, parents (in the case of minors), healthcare 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.

Member: \_\_\_\_\_

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

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