



# Skate Ontario Concussion Policy

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*In accordance with the policies of the Ontario Ministry of Tourism, Culture and Sport, Skate Ontario has developed a Concussion Policy for the sport of figure skating in Ontario. Accordingly, all skaters and parents/guardians must sign the required disclaimer below.*

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## Skate Ontario Concussion Policy Disclaimer

### All Athlete Participants must

- Read the Skate Ontario Concussion Policy (posted on the Skate Ontario website).
- Download and read this disclaimer form.
- Complete and sign the disclaimer
- Turn in on the day of the event.
- Understand that they will not be able to compete without the completed form.

### Parent/Guardians must

- Sign the waiver if the participant is under 18 years of age at the time of the competition.
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The event the athlete is participating in: \_\_\_\_\_

**Parent/Guardian Agreement:** I \_\_\_\_\_

have read the Skate Ontario Concussion Policy and understand what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/competition if a concussion is suspected. I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me. I understand that my child cannot return to practice/competition until providing written clearance from an appropriate health care provider to his/her coach. I understand the possible consequences of my child returning to practice/competition too soon.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Athlete Agreement:** I \_\_\_\_\_

Have read the Skate Ontario Concussion Policy and understand what a concussion is and how it may be caused. I understand the importance of reporting a suspected concussion to my coaches and my parent/guardian. I understand that I must be removed from practice/competition if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning to practice/competition. I understand the possible consequences of returning to practice/competition too soon and that my brain needs time to heal.

Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_\_