

## Rowan's Law Acknowledgement Form for Athletes and Parents/Guardians

Athletes under 26 and parents of athletes under 18 years of age must confirm that they have reviewed the Government of Ontario Concussion Awareness Resources below and Skate Ontario's Concussion Code of Conduct for Athletes and Parents/Guardians prior to registration and/or on the first day of skating.

### Government of Ontario Concussion Awareness Resources – Rowan's Law E-booklet:

- [Ages 10 and Under](#)
- [Ages 11-14](#)
- [Ages 15 and Up](#)

### Skate Ontario:

- [Concussion Code of Conduct for Athletes and Parents/Guardians](#)

### Skater

I acknowledge that I am the skater participating in physical activities at the Niagara-on-the-Lake Skating Club and I have read the Government of Ontario Concussion Awareness Resource for my age group **and the Skate Ontario Concussion Code of Conduct** 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 consequence of returning to practice/competition too soon and that my brain needs time to heal.

### Parent/Guardian

I acknowledge that my child is participating in physical activities at the Niagara-on-the-Lake Skating Club and I have read the Government of Ontario Concussion Awareness Resource for his/her age group and the Skate Ontario Concussion Code of Conduct and understand what a concussion is and how it may be caused. I understand the importance of reporting a suspected concussion to coaches and any other designated persons at the club/skating school. I understand that my child 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 my child is permitted to return to practice/competition. I understand the possible consequence of returning to practice/competition too soon and that my child's brain needs time to heal.

**Athlete:** \_\_\_\_\_

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

**Date** \_\_\_\_\_

