



Appendix A: Concussion Policy Waiver

In accordance with the policies of the Ontario Ministry of Tourism, Culture and Sport, Ontario Water Polo has developed a Concussion Policy that is to be adhered to when it comes to athletes participating in provincial level events or on provincial level teams. All athletes competing or playing at this level, and their parents/guardians, must sign below to indicate that they have read and understood Ontario Water Polo's concussion policy, and they will adhere to it should the athlete suffer a head injury where a concussion is suspected, or diagnosed.

All Athlete Participants must:

1. Read the Ontario Water Polo Concussion Policy (available on the Ontario Water Polo website).
2. Download and read this form (available on the Ontario Water Polo website).
3. Complete and sign the form.
4. Submit the form to Ontario Water Polo prior to competing in any provincial level competition, or on any provincial level team.
5. Understand that they will not be able to compete without the completed form.

Athlete Agreement: I _____, have read the Ontario Water Polo 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.

Date: _____

Athlete Signature: _____

Parent/Guardians must:

1. Sign the waiver (in addition to the athlete's signature) if the participant is under 18 years of age at the time of the competition.

Parent/Guardian Agreement: I _____, have read the Ontario Water Polo 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.

Date: _____

Parent/Guardian Signature: _____