***Document Revision History:***

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| **Date** | **Name** | **Role** | **Comments** |
| 12-Feb-17 | Board of Management |  | Approved |
| 11-Jun-20 | Board of Management |  | Approved |



# Player Code of Conduct

## **I will respect the sport by:**

* Participating because I want to, not because others including parents or coaches want me to play.
* Playing by the Rules of baseball and in the spirit of the game.
* Representing Baseball Ontario and my community in a responsible manner.
* Treating my teammates, opponents, game officials and spectators respectfully
* Doing my best to be a true team player.
* Remembering that winning is not everything. Having fun, improving skills, making friends and doing my best are also important.
* Remembering that coaches and officials are there to help me. I will accept their decisions and always show them respect.
* Not using email, text, or use social media in a negative manner to express my opinion or concern rather than address them through my parent/legal guardian.
* Participating in alignment with the 6 pillars of character: Trustworthiness, respect, responsibility, fairness, caring and good citizenship

## **I will keep myself safe and help prevent concussions by:**

* Wearing the proper equipment for my sport and wearing it correctly.
* Developing my skills and strength so that I can participate to the best of my ability.
* Respecting the rules of my sport or activity.
* My commitment to fair play and respect for all\* (respecting other athletes, coaches, team trainers and officials)

## **I will care for my health and safety by taking concussions seriously, and I understand:**

* 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 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 an adult 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 injuries or concussion symptoms. I will speak up for myself and others.**

* I will not hide my symptoms. I will tell a 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 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 sport and that I will not be able to return to 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 training, practice or competition.
* I have a commitment to sharing any pertinent information regarding incidents of removal from sport with the athlete’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 all of my other coaches and teachers 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 training, practice or competition.
* I will respect my coaches, team trainers, parents, health-care professionals, and medical doctors and nurse practitioners, regarding my health and safety.

Baseball Ontario is adopting a zero tolerance policy and failure to adhere to these Codes of Conduct will result in appropriate disciplinary action at the discretion of the Baseball Ontario disciplinary committee. Failure to comply with this code of conduct will result in disciplinary action.

1. Disciplinary Action for Code of Conduct infractions will, as a general rule, follow multi-tiered disciplinary approach, with the severity of the penalty increasing for each subsequent infraction. However, the Baseball Ontario Board reserves the right to impose a more severe penalty than the next subsequent tier in the process should the infraction warrant such a penalty. The penalties, in increasing order of severity are as follows:

1st Infraction – Written Warning

2nd Infraction – Single Game Suspension 3rd Infraction – Multi Game Suspension

4th Infraction – Season Long Suspension (Pending Fair Hearing)

5th Infraction – Removal from Baseball Ontario Participation (Pending Technical Hearing)

1. All reports of Code of Conduct infractions must be submitted in writing to the Baseball Ontario office and will be subject to the same process that is in place for handling complaints.

# Expulsion

1. Baseball Ontario reserves the right to reject participation in such a case where previous record of behavior unbecoming a participant of the Baseball Ontario has been evident.
2. Participation may be revoked at any time to an individual who has been deemed by the Board of Management to be in contravention of the Bylaw or Operating Procedures. Such action shall only result after a fair hearing, and a majority vote of the Board of Management.

Player Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| 12-Feb-17 | Board of Management |  | Approved |
| 09-Feb-20 | Board of Management |  | Approved |