



Parent Code of Conduct

It is a policy of Baseball Ontario to provide a safe and fun environment for participants to play organized baseball. Parents are expected to:

- Let all participants play for the fun of the game and do not spoil your participant or any other participant's fun.
- Encourage your participant to play by the rules and to enjoy the game.
- Respect all players, coaches, opponents, game officials and spectators.

Baseball Ontario enforces a zero tolerance policy towards situations of harassment or abuse directed against game officials, players, coaches or spectators using any of the following, but not limited to, methods of physical, verbal, email, texting or social media.

It is important to recognize that every participant of Baseball Ontario is a volunteer. Parents are expected to: help and encourage all volunteers whenever possible to allow them to work to the best of their ability; recognize and applaud good play by your participant as well as members of both teams; and not embarrass your participant by yelling at players, coaches, game officials or spectators. Your participant will benefit when you show a positive attitude towards the game and all of its participants.

The essential elements of character-building and ethics in baseball are embodied in the concept of sportsmanship and six (6) core principles: trustworthiness, respect, responsibility, fairness, caring and good citizenship. The highest potential of the game of baseball is achieved when competition reflects these "six pillars of character" and in an effort to achieve this potential, Baseball Ontario has developed and will enforce Codes of Conduct for every level of membership in the association.

Baseball Ontario is adopting a zero tolerance policy and failure to adhere to this Code of Conduct will result in appropriate disciplinary action at the discretion of the applicable Baseball Ontario disciplinary committee

a) 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, Baseball Ontario 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 – Barred from Single Game

3rd Infraction – Barred from Multi Game

4th Infraction – Barred from Season Attendance (Pending Fair Hearing)

5th Infraction – Barred from Participation in any Baseball Ontario Activity (Pending Hearing)

b) 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.

Discipline

a) Baseball Ontario reserves the right to reject participation in such a case where previous record of behavior unbecoming a member of Baseball Ontario has been evident.

b) 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.

Concussion Awareness

I can help prevent concussions through my:

- Efforts to ensure that my participant wears the proper equipment and wears it correctly.
- Efforts to help my participant develop their skills and strength so they can participate to the best of their abilities.
- Respect for the rules of the sport or activity and efforts to ensure that my participant does, too.
- Commitment to fair play and respect for all (respecting other coaches, team trainers, officials and all participants and ensuring my participant respects others and plays fair). *

I will care for the health and safety of my participant by taking concussions seriously. I understand that:

- A concussion is a brain injury that can have both short- and long-term effects.
- A blow to the head, face, or neck, or a blow to the body may cause the brain to move around inside the skull and result in a concussion.
- A person doesn't need to lose consciousness to have had a concussion.
- An athlete with a suspected concussion should stop participating in training, practice or competition **immediately**.
- I have a commitment to concussion recognition and reporting, including self-reporting of possible concussion and reporting to a designated person when an individual suspects that another individual may have sustained a concussion. *
- Continuing to participate in further training, practice or competition with a suspected concussion increases a person's risk of more severe, longer lasting symptoms, and increases their risk of other injuries or even death.

I will support an environment where participants feel safe and comfortable speaking up. I will:

- Encourage athletes not to hide their symptoms, but to tell me, an official, another parent or another adult they trust if they experience **any** symptoms of concussion after an impact.
- Lead by example. I will tell a coach, official, team trainer and seek medical attention by a physician or nurse practitioner if my participant is experiencing any concussion symptoms.
- Understand and respect that any athlete with a suspected concussion must be removed from sport and not permitted to return until they undergo a medical assessment by a physician or nurse practitioner and have been medically cleared to return to training, practice or competition.
- **I will support my participant to take the time they need to recover.**
- I understand my commitment to supporting the return-to-sport process. *

- I understand my participant will have to be cleared by a physician or nurse practitioner before returning to sport.
- I will respect coaches, team trainers, other parents, physicians and nurse practitioners and any decisions made with regards to the health and safety of my participant.

Parent Signature	_____	_____
		Print Name
Parent Signature	_____	_____
		Print Name
Witness	_____	_____
		Print Name
Date	_____	

Document Revision History:

Date	Name	Role	Comments
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