

COVID-19 Return to Activity Health Form and Code of Conduct

Athletes, Unified Partners and Volunteers



All Members and Volunteers must complete this form **BEFORE** participating in any HGFC or SOGB activity. Please note, this form should be completed again when returning to activity should you have developed symptoms of, have been exposed to or tested positive for COVID-19.


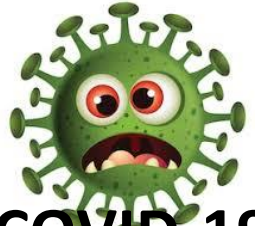

If you require help to fill in this form, please ask a parent, carer or guardian to help you.

Your Name

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I know that before or when I get to training, they will ask me some questions about symptoms and exposure to COVID-19. I will answer truthfully and participate fully

(Please check box or circle)

Important Questions about your Health	YES	NO	UNKNOWN
<p>1. Have you experienced symptoms of COVID-19?</p> <p>The main symptoms are:</p> <ul style="list-style-type: none"> • high temperature – this means you feel hot to touch on your chest or back • a new, continuous cough – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours • a loss or change to your sense of smell or taste – this means you've noticed you cannot smell or taste anything, or things smell or taste different to normal 	 Feeling hot		
<p>2. Have you tested positive for COVID-19?</p>	 COVID-19		
<p>3. Has anyone in your household experienced symptoms and/or tested positive for COVID-19</p>	 Has anyone been feeling unwell or have COVID-19?		




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If you have answered **NO** to questions 1, 2 and 3 you can start to train with Special Olympics GB.
If you have answered **YES**, please proceed to questions 4, 5 and 6.

(Please check box or circle)

Important Questions about your Health	YES	NO	UNKNOWN	
<p>4. Have you stayed home for a minimum of 10 days following experiencing symptoms/positive COVID-19 test?</p> <p>(or 14 days if you live with other people)</p>	 have you stayed home for 10 days or longer?			
<p>If you have answered YES to question 4, you can start to train with Special Olympics GB. If you have answered NO to question 4, you cannot return to activity until you have self-isolated for a minimum of 10 days. (14 days if you live with other people)</p>				
<p>5. Did you require further medical assistance?</p>	 did you need to speak to a doctor?			
<p>6. Have there been any changes to any pre-existing conditions and/or prescribed medication you have as a result of COVID-19</p>	 any changes to medication or other conditions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered **NO** to question 5 and 6, you can start to train with Special Olympics GB.
If you have answered **YES** to questions 5 and 6 please complete a Special Olympics GB Health and Information Form

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Code of Conduct

I agree to the following to help keep me and my fellow participants safe:

I understand I could be at a higher risk of getting COVID-19 through sports, training, competition and/or any group activity at Special Olympics GB. I am choosing to participate in sports, competition and/or other Special Olympics GB activities at my own risk.




Please check box/circle

<p>If I (or anyone in my household) have or get COVID-19 symptoms, I will stay at home, self-isolate and NOT go to any activities for a minimum of 10 days after all of my symptoms are over. If I am exposed to COVID-19 and have no symptoms, I can return 10 days after exposure.</p>	<p>If I or anyone I live with have COVID-19 or have symptoms I will stay at home for 10 days or longer</p> 	<input type="checkbox"/>
<p>I have been given information on the COVID-19 guidance from Harrogate Gateway FC</p>	<p>I have had information shared with me</p> 	<input type="checkbox"/>
<p>I know that if I have a high-risk condition, it may be a longer time before it is safe for me to go back to activity.</p> <p>I should not go to football training until there is little or no Coronavirus in my community.</p>	<p>It may take me longer to go back to football training if I am high risk I cannot go back until it is safe for me</p> 	<input type="checkbox"/>
<p>I will try to keep at least physically distant from all participants at all times.</p>		<input checked="" type="checkbox"/>

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<p>I will wash my hands for 20 seconds and use hand sanitizer before any activities. I will wash my hands any time I sneeze, cough, go to the bathroom or get my hands dirty. I will try to sneeze or cough into my elbow</p>	<p>I will wash my hands and cough and sneeze into my elbow</p> 	<input type="checkbox"/>
<p>I will not borrow or share things such as.</p> <ul style="list-style-type: none"> ○ shin pads ○ goalkeeper gloves ○ or water bottles. <p>I will bring my own.</p>	<p>I will only use my own equipment</p> 	<input type="checkbox"/>
<p>I understand that if I do not try to follow all of these rules, I may not be allowed to participate in Special Olympics GB activities during this time.</p>	<p>I will do my best to follow the rules and understand that if I do not, I may not be able to take part in and GB.</p>  <p>If you do not understand, please ask your coaches for help.</p>	<input checked="" type="checkbox"/>

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Special Olympics
Great Britain



Declaration:

I have read this Health Form and Code of Conduct (or have been supported/had it read to me) and agree to follow these actions so I can take part in Special Olympics GB activity

- If you are over 18 years old, please sign below.
- If you are under 18 years old, or would like someone else to sign this for you, please ask a Parent, Carer or Guardian to sign below on your behalf.



Signature:



Name:



If you are signing on behalf of a member, what is your relationship to them?



Date:

IMPORTANT INFORMATION:

This form should be completed by members and volunteers ahead of their return to football activity. Individuals must inform their relevant Coaches and COVID-19 Coordinator if there is any change to their health status. It is the Club's responsibility to ensure a new Health and Information Form is completed if this happens.

The information given in this form will be kept by relevant parties in accordance with the Data Protection Act. The club may, from time to time, make this information available to a third party to enable the athlete to participate in training and competitions or in the interests of the health and safety of the member.