

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

Members and Volunteers



All Members and Volunteers must complete this form **BEFORE** participating in any HGFC 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> <ul style="list-style-type: none"> high temperature a new, continuous cough a loss or change to your sense of smell/taste 			
 <p>2. Have you tested positive for COVID-19?</p>			
 <p>3. Has anyone in your household experienced symptoms and/or tested positive for COVID-19</p>			
<p>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.</p>			
 <p>4. Did you stay at home for a minimum of 10 days when you had the COVID-19 symptoms (or a positive COVID-19 test?)</p>			
<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? (Did you need to speak to a doctor?)</p>			
 <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>			
<p>7. Have you been given the COVID-19 vaccination</p>			

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>10 DAYS</p>	<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 football training for a minimum of 10 days after all of my symptoms are over.</p>	
	<p>I have read the COVID-19 information and guidance from Harrogate Gateway FC and the information about returning to football training</p>	
	<p>I know that if I have a high-risk condition, it may be longer before it is safe for me to go back to football.</p>	
	<p>I will try to keep social distant from others before, during and after training whenever possible. I will not stand close to other people, hug, embrace or shake hands.</p>	
	<p>I will use hand sanitizer before I start football. 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 only use my own equipment and I will not borrow or share things such as shin pads, goalkeeper gloves, or water bottles. I will be given a training bib for my own use, I will take it home, wash it and remember to bring it with me to wear the following week</p>	
	<p>I understand that if I do not try to follow these rules, I may not be allowed to participate in football club activities during this time. 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 football training.</p>	

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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.