



Scottish
Swimming

**Return to Training
Self-Declaration
(Athlete & Staff)**

Back to the Water

COVID-19 Resource Template

Version 7 – 21st August 2020

Self-Declaration for Returning to Training

Due to the ongoing outbreak of COVID-19 Scottish Swimming Aberdeen Diving Club are adhering to guidance from Scottish Government and Public Health Scotland in containing the virus and ensuring a safe environment for athletes and staff.

Scottish Swimming accepts that it is not possible for any sport to eliminate the risk of the spread of the COVID-19 virus completely and will work with all stakeholders to minimise risk; this concept must be fully understood and accepted by all Scottish Swimming members who wish to return to the water and resume aquatic activities.

The purpose of this document is to ensure everyone has considered the relevant risks and the required protocols and behaviours required to return to the water as safely as possible. Please answer the following questions and return it to your club as per their instructions. Please only complete this form once prior to returning to training.

Athlete/Staff Name _____

Squad _____

Q1	I have attended a club briefing and/or received a copy of the club COVID-19 return to training information (or watched the club information video), understand the information and agree to comply with it?	YES / NO
Q2	Do you acknowledge the risk of COVID-19 and that you are 'Returning to Water' at your own risk?	YES / NO
Q3	Do you acknowledge that you play a vital role in minimising the spread of COVID-19, over and above the measures implemented by the club?	YES / NO
Q4	I will adhere to current physical distancing guidelines (and ongoing as they are amended) on my travel to and from the training venue and whilst at the venue	YES / NO
Q5	Do you agree to adhere to all COVID-19 notices at the pool, agree to adhere to all SS, club and the facility's COVID-19 measures at the pool and agree to abide by any directions given by club officers while on premises specific to COVID-19 health and safety measures?	YES / NO
Q6	If, at any time, I have or suspect I have any symptoms of COVID-19 or believe I have been in contact with an individual with COVID-19 in the last 14 days, I will cease to attend training; will isolate immediately; and will contact the club COVID-19 Lead officer and follow the appropriate medical advice?	YES / NO
Q7	Do you agree to complete the COVID-19 Health Screen Survey before attending your first training session and thereafter if you have a change to your general health or circumstances?	YES / NO

Athlete/ Staff Signature: _____

Date: _____

Parent/Carer Signature (if U16): _____