

Return to Training Form

Covid-19 and Risk Awareness Declaration

I am returning to training having completed and signed the Health Survey as requested by FWSC.

By signing this declaration, I confirm I am free from any symptoms related to the Covid-19 virus, I understand the main symptoms include:

- A high temperature – this means you feel hot to touch on your chest or back (you do not need to measure your temperature).
- A new, continuous cough – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual).
- 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

I am also confirming all in my household remain symptom free, and anyone taking me to or from training and attending my training session with me is also symptom free from the virus.

By signing this declaration, I confirm that for any future training sessions I will only attend in the full knowledge that I am free from any Covid-19 symptoms. In addition, but conversely confirm by signing this declaration that if I do display any symptoms I will not attend training for a period of at least 14 days and follow government guidance to self-isolate.

I return to training knowing that my participation cannot be without risk, I am therefore aware of these risks associated with the Covid-19 virus, but still wish to participate in club training.

I understand that FWSC will pass on my contact details to the governments Test and Trace service if this information is requested of the club.

I understand the processes and protocols FWSC have put in place in order to reduce risks and I will adhere to these in order to protect my health and the health of other members, staff and other users of the facility.

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|--|--|------|--|
| Signature | | Date | |
| Parent/guardian signature (for members under 18) | | Date | |