

Covid - 19 HEALTH QUESTIONNAIRE / SCREENING FORM FOR
Finn Valley Womens Football Club
PLAYER / PARENT CODE OF CONDUCT

PLAYER NAME	
EMERGENCY CONTACT NUMBER	
E-MAIL	
DATE OF BIRTH	
NAME OF DOCTOR	
CONTACT NUMBER FOR DOCTOR	

I have read and am familiar with the FAI Safer Return to Training Protocol and Return to Play Protocol.

I continuously read and I am up to date with HSE guidelines via [hse.ie/coronavirus](https://www.hse.ie/coronavirus).

I have read and adhere to Finn Valley WFC / FAI Policies and Procedures for the Safe Return to Training and games

I will arrive/leave training alone or dropped/picked up to/from training by a member of my same household.

My child will be picked up from training at the designated time without delay.

I understand and accept that only players and coaches along with Covid Officers are allowed access to Training Facilities during training sessions. (Parents/guardians advised to leave after drop off or remain in car while training is ongoing.

I will arrive to training in fresh training gear, and will put my boots and shin guards on in car prior to queuing for access to facilities.

I will bring my own water bottle which will be labeled with my name on it.

I will observe all Social Distance Measures on entry, exiting and during training.

I will bring hand sanitizer for use at training or if allergic to hand sanitizer and I will bring appropriate hand cleanser for use on entry and exit.

I agree as a parent to check my child's temperature prior to all trainings/ matches, I also agree that if my child's temperature is high that I will refrain from sending my child to the training/ game and will inform the club secretary/ management and take relevant procedures in line with the HSE guidelines.

I will observe sneezing and coughing etiquette.

I will place my training fee in the box supplied on entry to training. Have correct money as no change will be given. 3 euro per child, family of two 5 euro.

I will not handle the ball.

I am the goalkeeper and will bring my own gloves, freshly laundered, to training and will only handle the ball when I'm wearing my gloves.

I will not share anything with fellow players.

I will bring all my items home after training.

I will adhere to the safety instructions implemented by my coach at all times.

Please Tick Appropriate Book for the following

	YES	NO
Have you been diagnosed with or do you believe you may currently have COVID-19?		
Have you had any of the following symptoms of COVID-19 in the past 14 days? <ul style="list-style-type: none"> - High temperature (i.e. over 37.5°c) - New unexplained shortness of breath? - A new continuous cough? - Loss of sense of smell, of taste or distortion of taste? 		
Have you been in contact with a COVID-19 confirmed or suspect case in the previous 14 days?		
Have you completed or are you in the process of completing a 14 Day period of self-isolation?		

I will inform Finn Valley WFC immediately if any of the above circumstances change. (Contact your manager directly and the club secretary)

If you have answered YES to any of these questions or if your temperature as recorded today was over 37.5°c, you should stay at home and contact your GP by phone for further advice.

If you have answered NO to all of the above questions, and your temperature as recorded today is lower than 37.5°c you may train or play with your team on the date specified above.

Please Tick Appropriate Book for the following

	YES	NO
<u>Are you defined as being in a High Risk Health Category?</u> <u>If yes, Please state Medical Condition and also confirm that you have obtained permission from your doctor to return to training</u> <u>Please indicate if any household member is defined as being in a High Risk Health Category.</u>		

If you answer YES to any of these questions you must wear face covering during trainings.

Please sign this form to confirm that the details above are true to the best of your knowledge, that you and/or your guardian are fully aware of the Health and Safety Requirements issued by the HSE and Government in relation to Covid-19 and confirm that you understand the risks involved in participating in training.

Signed by Player & Parent _____
(For underage players, this document should ALSO be signed by a Parent or Guardian)

Date: _____