

## Tadcaster York Sport Swim Squad Land Training

Please complete ALL sections in the following questionnaire and return before attending any land training sessions.

Forename(s)	
Surname	
Address	
Home telephone number	
Mobile telephone number	
E mail address	
Date of birth	
Gender	
<b>Emergency Contact</b>	
Name	
Telephone Number	

Please circle as appropriate:

Have you EVER suffered from a heart condition of high blood pressure ?	<b>Yes / No</b>
Do you have any chest complaints e.g. asthma or bronchitis? Please specify	<b>Yes / No</b>
Are you troubled with back pains?	<b>Yes / No</b>
Do you currently have any form of muscle or joint injury?	<b>Yes / No</b>
Are you recovering from illness or operation?	<b>Yes / No</b>
As far as you are aware are there any aspects of your health which may be adversely affected by physical exercise?	<b>Yes / No</b>

PLEASE ENSURE YOU BRING ANY MEDICATION THAT MAY BE REQUIRED DURING TRAINING WITH YOU.

Please give any details which may be relevant:

## COVID-19

Please circle as appropriate. If 'yes' please provide details in the boxes below.

<p>Have you had confirmed COVID-19 infection or any symptoms in keeping with COVID-19 in the last 5 months?  <i>Fever; new, persistent, dry cough; shortness of breath; loss of taste or smell; diarrhoea or vomiting; muscle aches not related to sport/training.</i>  <i>If 7 days post recovery and no symptoms then a gradual return to exercise is permissible but should persistent symptoms of breathlessness on exertion then you should consult your usual medical practitioner.</i></p>	<p><b>Yes / No</b></p>
<p>Have you had a known exposure to anyone with confirmed or suspected COVID-19 in the last 2 weeks? (e.g. close contact, household member) <span style="float: right;">If</span>  <i>yes, please self isolate and do not attend training for 14 days.</i></p>	<p><b>Yes / No</b></p>
<p>Do you have any underlying medical conditions? (Examples include chronic respiratory conditions including asthma; chronic heart, kidney, liver or neurological conditions; diabetes mellitus; a spleen or immune system condition; currently taking medicines that affect your immune system such as steroid tablets)  <i>If yes to any of these please seek medical advice to confirm you are able to exercise and are aware of the risks.</i></p>	<p><b>Yes / No</b></p>
<p>Do you live with or will you knowingly come into close contact with someone who is currently 'shielding' or otherwise medically vulnerable if you return to the training environment?  <i>This is an individual call but awareness of risks and the appropriate precautions should be taken.</i></p>	<p><b>Yes / No</b></p>

<p>If you are returning from a holiday, is the country you are returning from on the current government quarantine list? Please check the current Foreign and Commonwealth Office (FCO) travel advice. <b>If yes, please self isolate for 14 days and do not attend training.</b></p>	<p><b>Yes / No</b></p>
<p>Do you fully understand the information given about land training and accept the risks associated with returning to the training environment in relation to the COVID-19 pandemic? <b>If no please ask for further explanation and if still uncertain please do not train.</b></p>	<p><b>Yes / No</b></p>

All information provided will be treated as confidential

**Please read the following declarations and sign to say you have read and understood.**

I am returning to land training having completed the health form above as requested by Tadcaster York Sport Swim Squad.

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
- a new continuous cough - this means coughing a lot for more than an hour, or three or more coughing episodes in 24 hours
- a loss or change to your sense of smell or taste

I am also confirming anyone from my household taking me to or from land 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 land training sessions I will only attend in the full knowledge I am free from any COVID-19 symptoms. In addition, I 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 land 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 land training.

I understand the processes and protocols Tadcaster York Sport Swim Squad have put in place in order to reduce the risks and I will adhere to these in order to protect my health and the health of other members and coaches and volunteers.

I understand and consent that my contact details may be provided to the track and trace service if requested.

There is always a small risk that taking any form of exercise may reveal an unknown health defect or weakness which leads to injury, illness or fatality. Any person who has any medical complaint or health defect or has been affected by COVID-19 should seek medical advice before participating in any exercise.

TYSSS Land Training

**I am aware that I am undertaking exercise at my own risk.**

SIGNED
DATE

PARENTS SIGNATURE if under 18
DATE