

### COVID-19 CODE OF CONDUCT FORM

I understand I could get COVID-19 through sports, training, competition and/or any meeting or activity at my Special Olympics Club. I am choosing to participate in sports, competition and/or other Special Olympics activities at my own risk.

During the time these precautions are needed, I agree to the following to help keep me and my fellow athletes, coaches and volunteers safe:

If I feel unwell I will not attend Club activities.
If I have COVID-19 symptoms, I will stay at home / in my place of residence and NOT go to any Special Olympics activities until it has been 14 days since I first developed symptoms and I have no fever (high temperature) for 5 days. If I am exposed to COVID-19 and have no symptoms, I can return 14 days after exposure.
I know that if I have a high-risk condition, I have a greater risk of needing to go to hospital or getting very sick. I should not go to Special Olympics Club or activities in person, if I have a high-risk condition until there is little or no Coronavirus in my community.
The club has given me guidance and information on the preventative and control measure in place to prevent the spread of COVID-19.
I know that before or when I get to a Special Olympics activity, they will ask me some questions about symptoms and exposure to COVID-19. They may also take my temperature. I will answer truthfully and participate fully.
I will keep at least 2m (or the distance identified by Government guidelines) from all participants at all times unless required to do so by the nature of my sport.
I will wear a face covering if my sport indicates that I do or if a 2m distance (or the distance identified by Government guidelines) cannot be maintained whilst at my Special Olympics Club activities. If I am not comfortable to wear a face covering and for the protection of other athletes, volunteers or coaches I may be asked to not take part in the activity/activities.
I will use my elbow if I need to cough or sneeze, wash my hands for 20 seconds or use hand sanitiser when I sneeze, cough, go to the bathroom, before any activity or get my hands dirty.
I will not shake the hands, give high fives or hugs or offer other forms of physical greeting.
I will bring to Club and Special Olympics activities my own drinking bottle and any other equipment that I need to do my training like a towel and I will not share drinking bottles or towels with other athletes, volunteers or coaches. I will place my name on my own personal belonging.
I will only share equipment when instructed to. If equipment must be shared, I will only touch the equipment if it is disinfected first.
If I travel to and from Club activities by: ➢ Car: I will only travel with individuals from my own place of residence/home. There should be no car-pooling. ➢ Public Transport: COVID-19 Government guidelines for using public transport should be adhered to.
If I get or have had COVID-19, I will not go to any in-person Special Olympics activities until it has been 14 days since I first developed symptoms and I have no fever (high temperature) for 5 days 7 days after my symptoms end. It is recommended that you contact your doctor to before your return to club activities to ensure that they see no reason to prevent you from returning to Club activities.
I understand that if I do not follow all of these rules, I may not be allowed to participate in activities at my Special Olympics Club during this time.

I have read all of this agreement or have had it read and explained to me and I agree to follow these actions.



**ATTENDEE NAME:** \_\_\_\_\_

**CIRCLE ONE:**                      ATHLETE                      ATHLETE SUPPORT                      COACH / VOLUNTEER

By signing this, I acknowledge that I have completely read and fully understand the information in this form.



**ATTENDEE SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_/\_\_/\_\_\_\_

*(Required for adult (age 18+) attendees, including adult athletes with a capacity to sign documents)*

I am a parent / guardian / carer of the athlete named above. I have read and understand this form and have explained the contents to the athlete as appropriate. By signing, I agree to this form on my own behalf and on behalf of the athlete.



**PRINTED NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_ **PARENT/GUARDIAN/CARER**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_/\_\_/\_\_\_\_  
*(Required for athlete who is a minor (younger than age 18 years))*