

# COVID-19 Athlete/ Coach Checklist

This form to be used, by ALL athletes/ coaches and to be submitted to the Provincial for provincial resumption of play of events OR the national office for national events, at least **10 days in advance** of any commencement.



Individuals are also required to keep a full record with you at all times, as part of the COVID-19 file. This is for all athletes/ coaches and related persons returning to training and matches.

Athlete/ Coaches Checklist	Done	Not Done	Attached
<b>1. Pre-activity documentation, awareness and testing</b>			
a. <b>ALL</b> - Be in good standing with its Club, Province, Federation AND Squash SA			Req.
b. <b>ALL</b> - Be a registered and paid up member of the Squash SA Individual Registration Fee (SportyHQ)			Req.
c. <b>ALL</b> - Record of a Temperature Test			Req.
d. <b>ALL</b> - Record of completed and signed Athlete/Coach Indemnity Form ( <b>Appendix A</b> )			Req.
e. <b>ALL</b> - Record of completed and signed Screening Questionnaire ( <b>Appendix B</b> )			Req.
f. <b>ALL</b> - Awareness of all hygiene and social distancing requirements, in place			
g. <b>ALL</b> - Awareness of permitted activities, during current phase of activity ( <b>section 3</b> )			
h. <b>Athletes</b>			
i. Be a registered and paid up member of the PSA prior to 26 March 2020, (if required for Phase 1) - OR -			Req.
ii. Be part of an approved category of player, for activity during current phase ( <b>section 3</b> )			
i. <b>Coaches</b> - Be a registered SA LEVEL 1 or 2 Coach AND in possession of a valid COVID Certificate of Coaching (as issued by the Squash SA)			Req.
<b>2. During activity(ies)</b>			
a. Compliance with all facility guidelines regulations and instructions from facility COVID-19 Official instructions etc.			
b. Adherence of all hygiene and social distancing requirements			
c. Adherence to permitted activities, during current phase of activity ( <b>section 3</b> )			

Full Names : \_\_\_\_\_

Contact Number : \_\_\_\_\_

Club **AND** Province : \_\_\_\_\_

**By signing this form, I hereby declare that the information I have provided is accurate and complete**

Date :  
(dd/mm/yyyy) \_\_\_\_\_

Signature : \_\_\_\_\_

**Good luck, welcome back on court and please stay safe!**