



Club Return to Sport Attestation

The following attestation must be completed by the Club COVID-19 Risk Manager prior to the club being considered for approval to return to in-person artistic swimming activities.

Upon submission of this form, BCAS will review and consider your request to return to in-person artistic swimming activities.

* Club Name:

* Club Contact Information:

Club President:

Club President Phone:

Club President Email:

Club COVID-19 Risk
Manager:

C-19 Risk Manager
Phone:

C-19 Risk Manager
Email:

* Name of Person Completing this Form:

* Our club would like to apply to return to the following in-person activities: (Please select all that apply).

- Outdoor Group Land Training
- Virtual Events
- Outdoor Group Training in Water
- Indoor Group Training in Water

* Our Club Executive has approved a Club COVID-19 Safety Plan by formal motion recorded in meeting minutes.

- Yes
- No
- I Don't Know

* Please provide a copy of the meeting minutes during which the Club's COVID-19 Safety Plan was approved.

No file chosen

* Please provide a copy of the Club's **approved** COVID-19 Safety Plan.

No file chosen

* Please provide a copy of the Club's detailed indoor training plan demonstrating how participants proceed through the facility from arrival to departure.

No file chosen

* Our Club Executive has updated the following to align with COVID-19 risk mitigation strategies: (Please select all that apply).

- Code of Conduct
- Illness Policy
- Participant Waivers
- Other (please specify)



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* All members of our Club Executive have read the BCAS Return to Artistic Swimming Guidelines and agree to comply with its requirements.

- Yes
- No
- I Don't Know

* All Club Coaches have read the BCAS Return to Artistic Swimming Guidelines and agree to comply with its requirements.

- Yes
- No
- I Don't Know

* We understand that ALL participants (coaches and athletes) must agree to comply with the respective facility standards and that only those who comply with the safety protocols will be permitted to participate.

- Yes
- No
- I Don't Know

* We have completed the Club Risk Assessment Tool for Return to Sport.

- Yes
- No
- I Don't Know

* We have or will published a copy of the Club's COVID-19 Safety Plan as follows: (Please select all that apply).

on our website

in our facility(ies)

electronic distribution to all members

Other (please specify)



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Participants

* **YOUTH ATHLETES:** Only competitive (provincial or national stream) athletes registered for the 2019-2020 season who are synchro age 11 and over will participate in club training activities.

- Yes
- No
- I Don't Know
- Not Applicable

* **ADULT ATHLETES:** Adult athletes, including Masters (competitive or recreation) and University athletes registered for the 2019-2020 season will participate in club training activities.

- Yes
- No
- I Don't Know
- Not Applicable

* All **participating** Athletes will complete the BCAS Athlete Return to Sport Attestation **prior** to participating in in person training activities.

- Yes
- No
- I Don't Know

* All participants (athletes and coaches) will complete the BCAS Participant Waiver - *Release of Liability, Waiver of Claim and Indemnity Agreement* - **prior** to participating in in person training activities.

- Yes
- No
- I Don't Know

* We understand and agree that training is limited to one uninterrupted 2-hour in-person training session per day per training group.

- Yes
- No



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Club Coaches

* Only coaches registered for the 2019-20 season and in good standing will be participating in club training activities.

- Yes
- No
- I Don't Know

* All Club Coaches will complete the BCAS Coach Return to Sport Attestation **prior** to participating in in person training activities.

- Yes
- No
- I Don't Know

* If applying for **in water activities**, all Club Coaches have completed or will complete the LifeSaving Society COVID-19 orientation and training, presented by BCAS.

- Yes
- No
- I Don't Know
- Not Applicable

* If applying for **in water activities** and your Club does not use the facility's lifeguards, all Club Coaches have completed the LifeSaving Society Lifeguard Training for Managing Rescues in the COVID-19 era?

- Yes
- No
- I Don't Know
- Not Applicable



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Virtual Events

* We understand and agree that we must make application to BCAS to host a virtual event or to participate in virtual events hosted by other organizations. (Regular online training activities are exempt from this requirement).

- Yes
- No
- I Don't Know
- Not Applicable

* We understand and agree that a personal coach MUST be online with each athlete during virtual events or competitions.

- Yes
- No
- I Don't Know
- Not Applicable

* We understand and agree that a family member or person within each athlete's social bubble MUST be present and in the same room as the athlete during virtual events or competitions.

- Yes
- No
- I Don't Know
- Not Applicable

* We understand and agree that athletes may only participate in virtual events or competitions that are suitable to their individual age and stage of development.

- Yes
- No
- I Don't Know
- Not Applicable



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Indoor Training in Water

* We confirm that, to our knowledge, the facility's lifeguards have completed the required LifeSaving Society training, including training on administering First Aid in the COVID-19 era.

- Yes
- No
- I Don't Know

* We confirm that our club/coaches will follow a gradual return to water plan.

- Yes
- No
- I Don't Know
- Not Applicable

* We agree that all dryland training will continue to be delivered outdoors or in a virtual setting.

- Yes
- No
- I Don't Know



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Managing COVID-19

* The following safety precautions will be taken: (Please select all that apply).

- Physical Distancing At All Times
- Facility and Equipment Cleaning Protocols
- Personal Hygiene Protocols
- Daily Health Monitoring
- Modified Training Activities
- Get In - Train - Get Out Philosophy
- Safe Sport Protocols including the Rule of Two
- Other (please specify)

* We understand and agree that any suspected or confirmed cases of COVID-19 reported by an individual who has participated in club training activities must be reported to BCAS by contacting ed@bcartisticswimming.ca, the facility and the regional health authority.

- Yes
- No
- I Don't Know

* Our Club Safety Plan includes strategies for managing individuals with symptoms, suspected cases, confirmed case, and an outbreak of COVID-19.

- Yes
- No
- I Don't Know

* Our Club Coaches and individuals who will be present in the training environment, including athletes, will be trained on the Club's policies and protocols for managing individuals with symptoms, suspected cases, confirmed case, and an outbreak of COVID-19 **prior** to participating in in person training activities.

- Yes
- No
- I Don't Know



Club Return to Sport Attestation

Attestation

ATTESTATION:

On behalf of the named club below and to my knowledge, the responses herein are accurate and representative of the actions of our club and its members.

The named club below has granted me the authority to submit this attestation on their behalf.

By entering my name below, I understand that I am voluntarily signing the named club's Return to Sport Attestation.

Club Name

Name of Person
Completing this Form

Is there anything else you'd like to tell us?