

# Returning to Swimming

## Covid-19 and Risk Awareness Declaration

I am returning to SDSG swim sessions having ensured my membership (Health) form is upto date and I have reviewed, understood and considered the [pre-swimming Covid-19 health screen information](#) and [advice for returning to exercise after COVID-19](#).

By confirming this declaration, I confirm that I/mychild/myserviceuser\* am/is\* 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 all in my household remain symptom free, and anyone taking me to or from SDSG swim sessions and attending Scarborough Sports Village with me is also symptom free from the virus.

By signing this declaration, I confirm that for any future swim sessions I/my child/ my service user\* will only attend in the full knowledge that I/my child/ my service user\* am/is\* free from any Covid-19 symptoms. In addition, but conversely confirm by signing this declaration that if I/my child/my service user\* do/does\* display any symptoms I/my child/my service user\* will not attend swim activities for a period of at least 10 days and follow government guidance to self-isolate.

I am also confirming all in my household will follow the government guidance on quarantine and self-isolation following any travel abroad.

I/mychild/myserviceuser\* return(s) to SDSG swim sessions knowing that participation cannot be without risk, I am therefore aware of these risks associated with the Covid-19 virus, but I still wish/I still wish my child/serviceuser\* to participate in SDSG activities/swim sessions.

I understand the processes and protocols that Scarborough Disabled Swimming Group have put in place in order to reduce risks and I/my child/my service user\* will adhere to these in order to protect my/my child's/my service user's\* health and the health of other members, volunteers, staff and other users of the facility.

By signing this form I consent to the club using my\*/my child's/my service user's\* personal data for the protection and safeguarding of my\*/my child's/my service user's\* health as well as safeguarding wider public health in response to the impact of Covid-19 on SDSG activities. I understand that SDSG may still have a lawful need to use this information for such purposes even if I later seek to withdraw this consent.\*

I also understand that SDSG will have to be flexible and responsive due to the evolving government advice around Covid-19, and the fact that circumstances will change.

Signature		Date	
Parent/guardian signature (for members under 18 or those who do not hold capacity)		Date	