

ALBERTA FENCING ASSOCIATION
RETURN TO PLAY PROTOCOL:
ATHLETE CHECKLIST

DO NOT ENTER THE PREMISE IF:

You or a member of your household has tested positive for COVID-19.

OR

If you have not completed the self-assessment.

AT THE CLUB:

→ Sanitize/Wash your hands:

- When you arrive
- Before *and* after training/lesson
- After using the bathroom
- Before *and* after any mask wearing/adjustment
- Before you leave

→ Bring your own - *do not share*:

- Equipment (mask, glove, whites, etc.)
- Towel
- Water Bottle
- Hand sanitizer
- Extra set of clothes to change into when possible

→ Sign in with your club attendance tracker.

→ **Maintain 2 meters between individuals in all directions during training, increase to 3 meters during vigorous training.**

→ Clean any exercise equipment before *and* after use.

→ No eating in the club at any time.

→ Do not shake hands, high five, fist bump, or make other physical contact. Opt instead for saluting while maintaining physical distancing.

→ Where possible, disinfect your equipment after every session. Personal equipment should not be stored at clubs.

BEFORE YOU LEAVE:

→ Remove all your personal equipment from the club.

Sanitize your:

- Fencing Bag + Bag handle
- Cell Phones
- Hands

ATHLETE SELF-ASSESSMENT

1. Does the person attending the activity, have any of the below symptoms: CIRCLE ONE		
Fever	YES	NO
Cough	YES	NO
Shortness of Breath / Difficulty Breathing	YES	NO
Sore throat	YES	NO
Chills	YES	NO
Painful swallowing	YES	NO
Runny Nose / Nasal Congestion	YES	NO
Feeling unwell / Fatigued	YES	NO
Nausea / Vomiting / Diarrhea	YES	NO
Unexplained loss of appetite	YES	NO
Loss of sense of taste or smell	YES	NO
Muscle/ Joint Aches	YES	NO
Headache	YES	NO
Conjunctivitis (Pink Eye)	YES	NO
2. Have you, or anyone in your household, returned from travel outside of Canada in the last 14 days?		
████████████████████	YES	NO
3. Have you or your children attending the program been in close unprotected contact (face-to-face contact within two-metres) with someone who is ill with cough and/or fever?		
████████████████████	YES	NO
4. Have you or anyone in your household been in close unprotected contact in the last 14 days with someone who is being investigated or confirmed to be a case of COVID19?		
████████████████████	YES	NO

Name: _____

Date: _____