



Covid-19 Pre-Competition event Risk Assessment

Name of Attendee	Address			Date of Birth
Parent/Guardian signature: _____		Parent/Guardian contact number: _____		
	Date of Event	Date of Event	Date of Event	
	Answer Yes /No	Answer Yes /No	Answer Yes /No	
Do you have any symptoms of Covid-19?				
Does any member of your household have symptoms of Covid-19?				
Do you have a fever above 37.4 degrees?				
Are you or any member of your household awaiting swab testing for suspected Covid-19?				
Have you or any member of your household been in contact with anyone with Covid-19 in the last 14 days?				
Have you or any members of your household been advised by a GP to self-isolate?				
Have you been overseas in the last 14 days?				
Signature of Coach/ Covid-19 co-ordinator for each session:				

Please note: If you answer “Yes” to any of the risk-assessment – please do not attend the event. By turning up to the event, we understand you have self-assessed and fulfilled the criteria to attend as laid out in this form. If your child develops any symptoms of Covid-19 – please contact your GP and inform the club/coach or Covid-19 safety officer.

Many thanks – Inbhear Dee A.C