## BRITISH GYMNASTICS TEAM SPORT FRAMEWORK (Step Forward Plan)

**QUEENS GYMNASTICS** Acknowledgement and Agreement Statement:

- 1. I wish to recommence Team Sport interaction (working in pairs or groups)
- 2. I have accessed and understand the BG Team Sport Framework including guidance on social distancing, the return to training and use of gymnastics facilities and equipment and the specific British Gymnastics controls (on reducing the severity of risk and operational procedure) and my responsibilities concerning these. I acknowlede that I am required to adhere to Government Guidance and British Gymnastics Guidelines at all times.
- 3. I confirm that I will abide by the Team Sport Framework Covid 19 Code of Behaviour and the expectations set out in this statement.
- 4. I understand the requirement for a phased return to training for 2 weeks prior to engaging in any pair/group activities.
- 5. I understand that whenever Government and British Gymnastics Guidance is updated I will keep informed, up to date and comply with current guidance.
- 6. I confirm my understanding the increased COVID-19 risk associated with beginning and participating in team sport activities and acknowledge the related ricks.
- 7. Failure to follow government and British Gymnastics Guidance increases the risk of contracting or spreading Coronavirus.. Subsequently, I I will encourage compliance by all other users of the gymnastics environment who are present. In the event of non compliance I will report my concern to a designated Covid-19 representative or official.
- 8. I understand that failure to follow Government or British Gymnastics Guideance by myself or others working within the gymnastics environment may increase risk.
- 9. I understand an accept the sport- specific risk associated with the return to team sport interactions and certify that i am physically and mentally well enough to return pair and group training and that i am allowed to to participate in training under current Government Guidance.
- 10. I have no underlying medical issues which deem me clinically vulnerable, I am not required to shield, nor are any members of my household. I have not withheld anty information in relation to recent illness, injury and medication.
- 11. If I experience any Covid-19 symptoms at any time, i will bring this to the attention of the Covid-19 representative or club official. If experienced on site, I will also immediately cease participation, inform the relevant personnel and return home to self-isolate.
- 12. I understand that the recognised gymnastics environment is duty bound, as a British Gymnastics member club, to provide a safe environment under the British Gymnastics Safeguarding Policy and procedures and that a return to team sport training does not permit any relaxation of this policy and procedure.
- 13. I understand that I have the ability to stop team sport related training, in the gymnastics environment, at any time if I have concerns in relation to Covid-19 or associated risks.

I have read this opt-in agreement, the Covid-19 code of behaviour and have knowledge of the Team Sport Framework. I fully understand its terms and my responsibilities under this agreement and sign it freely and voluntarily and without persuasion.

Gymnast Name:			
Signature::		Date	
Parent/guardian name( if gymnast is under 18:			
Signature:		Date:	