



Aisling Annacotty AFC Safer Return to Training Protocol

Return to Training Form

All players, parents, coaches and club officials must complete the details below before returning to training at Aisling Annacotty AFC.

Print Name:	Mobile Number:	
Year of Birth:	Return to Train Date:	Please circle
Have you been diagnosed with confirmed or suspected COVID-19 infection in the last 14 days?		Yes / No
Do you have symptoms of cough, fever, high temperature, sore throat, runny nose, breathlessness or flu like symptoms now or in the past 14 days?		Yes / No
Have you been in contact with someone with COVID-19, or a probable case of COVID-19 in the last 14 days?		Yes / No
Have you travelled outside the Republic of Ireland in the last 14 days?		Yes / No
If any of my circumstances change, I agree to inform the club before resuming training.		Yes / No

If you have answered "Yes" to any of the above questions, then you must stay at home and follow any medical instructions you have received or seek medical advice before returning to training.

I have read and understand the COVID-19 safe return to training protocols, I undertake to adhere to these protocols and am comfortable in returning to training.

Email copy of signed form to secretary@aislingannacotty.com and bring signed form to first training session

Player Signature: _____

Date: _____

Parent/Guardian Signature (if applicable) _____