The purpose of this ‘Opt In’ form is to invite you, in your capacity as player / coach /other volunteer, to participate in netball in the context of the coronavirus (Covid-19) pandemic and to set out the terms and conditions which you must comply with if you wish to participate with MEDWAY JUNIOR NETBALL.

**Please note that you are not required to participate, and if you choose not to then you will not face discrimination by us. If you do ‘opt in’ and subsequently change your mind, you may withdraw your consent at any time by contacting ………………………...**

I, the participant (and / or if U18, the participant’s parent or legal guardian on the participant’s behalf), hereby confirm and agree that I wish to opt in to participate in netball; and in doing so I confirm that:

1. I have been made aware of the potential risks associated with netball activity and COVID-19 and understand these, including without limitation the risk of unintended transmission of the disease. I also understand that there are some people who are of higher risk of contracting COVID-19.
2. I will comply with all of the …………….. reasonable instructions in connection with coronavirus. If required by the ……………………… from time to time, I agree to complete a medical declaration form and to submit to temperature checks prior to being permitted entry to the training session. I acknowledge that any failure to do so may result in access being denied;
3. I will immediately inform the ………………………….. if I (or anybody with whom I have been in close contact) develop coronavirus symptoms (as set out on the NHS website from time to time, including without limitation a high temperature, a new continuous cough, or a loss or change to sense of smell or taste). In such circumstances I shall follow the Government’s guidance in relation to self-isolating and I shall not attend the …………………… sessions or facilities;
4. I am comfortable with the information I have been provided and will comply with all relevant guidance, rules, policies and advice published or made available from time to time by the Government, the World Health Organisation and the ………………………. in relation to coronavirus, including without limitation in relation to applicable social distancing measures; and
5. I give my consent to my personal data (including any ‘special category personal data’, such as data pertaining to my health) being processed by or on behalf of the ………………………………….., in accordance with the terms of its Privacy Policy from time to time. Further, I consent to my personal data being used for the purposes of health and safety, including without limitation in connection with the Government’s coronavirus “NHS Test and Trace” policy.

**By signing below, I confirm that I have read the terms of this ‘Opt In’ form, and agree to comply with them [NOTE FOR U18 PARTICIPANTS A PARENT MUST SIGN]**

|  |  |  |  |
| --- | --- | --- | --- |
| **name** |  | **parent name** |  |
| **signed** |  | **signed** |  |
| **date** |  | **date** |  |