

### SOBC COACH PROGRAM PARTICIPATION AGREEMENT

This form has been developed to ensure the understanding of coach expectations for Special Olympics BC's Return to Sport Protocol.

Our intent is that Return to Sport is a safe and positive experience, but we understand that it will also be a unique one and may not be the most suitable experience for all. It is important to do an honest appraisal as to if a coach in a program you are willing to participate within the below circumstances. The goal of this document is to ensure that as a volunteer, safe and appropriate protocols are in place to provide a positive Return to Sport experience.

# VOLUNTEER NAME: \_\_\_\_\_

SPORT: \_\_\_\_\_

The completed form must be returned to the Local Coordinator.

Please confirm that you will be able to meet the following requirements.

Coach participating MUST have completed the current Special Olympics BC registration forms for this season.

Coach must have a contact that is available by phone during the sport practice time, in the event they need to be called immediately.

Contact's Name:

Contact's Phone #1:	

## Contact's Phone #2:

#### Stated Protocol to Follow:

Must review the Return to Sport Plan and attend all required Return to Sport training.



Must follow municipal and provincial mandates for all facilities. These directives will supersede all SOBC directives.

Must be familiar with and abide by all requirements before starting programs.

## **Return to Sport**

	If a program is found to not be following any of the safety protocols, it will be cancelled until further notice/remediation.	
	Must agree to keep size of individual training groups to the maximum of participants as noted in the Program Progressions chart (page 11) per training venue.	
	Must ensure program participants practice social/physical distancing by keeping two metres (six feet) away from others; place markings to assist with this if necessary.	
	Must ensure all program participants are following personal hygiene protocol (handwashing, covering mouth when coughing, etc.)	
	Must put in place physical barriers to separate athletes from the public. (i.e. cones or markers may be used to cordon off area to be used for training.)	
	Must be willing to disinfect equipment after each practice, as well as clean frequently touched surfaces or areas.	
	Must complete a self-health screening assessment, as well as review and record the health screening assessments of all other participants prior to each practice.	
	Must agree to consistently review safety protocols and education with participants for the first month of practices.	
	Must have an Emergency Action Plan and ensure it meets all COVID-19 requirements prior to the first practice.	
As a v	olunteer/coach, you agree to abide by and carry out the above expectations.	
I hereby state that I will meet the above expectations. Volunteer/Coach Name		

Coach/Volunteer Signature

Date