Application to Start a Program

Please send the completed form to your Community Development Coordinator, and your Local Coordinator. Programs will be unable to start until this form has been completed and SOBC Provincial Office has approved the program.

Local:	
Program:	
Training Venue :	
Start Date:	Projected End Date:
Program Day(s):	Program Time(s):
Head Coach:	Contact Email:
Which Return to Sport Training we	binar did each coach attend?
Coach First and Last Name	Training Webinar Date
Names of athletes that have confir	med they can follow all protocols and would like to participate:
Athlete First and Last Name	



Please confirm that you or your designate have satisfied the following safety considerations prior to the first practice.

I have read and understood the SOBC Return to Sport Plan. I understand that the Return to Sport Plan and protocols will be updated regularly and will stay up to date on all changes.



I have worked with the Local to ensure that all participants are registered and have signed waivers for the current year.



I have the COVID-19 Declaration forms and Participation Agreements from all athletes and coaches attending practice, and have immediate emergency contact information should someone need to leave immediately.



I will provide ongoing education to athletes about the importance of physical distancing, hand hygiene, return to sport expectations, and reducing touch points.

I have a PPE Kit including the following items:

- Sanitizing wipes and/or sanitizing spray
- Masks (for emergency purposes where physical distancing cannot be maintained)
- Gloves (to be kept in pocket during practice)
- Eye protection (ie. goggles or face shields)

I have defined parameters of the area the program will be held, including areas of entry/exit. This may include cordoning off an area for the program if necessary.

I will arrive early to prepare a screening station and sanitation station at every practice.

At the beginning of each practice, I will ensure all athletes and fellow coaches have been screened using the symptom screening protocol.

I will take all reasonable measures to ensure that all program participants are maintaining a distance of 3 metres between each other from the time they arrive at practice to the time they depart.

I will sanitize any equipment before putting away after each practice.

I will ensure each coach has an assigned role during practice to limit unnecessary movement of athletes and volunteers throughout training.

I understand the role of the program safety volunteer and will ensure that these duties are completed at each practice.



Please share with us any program details you think are helpful for SOBC to know when reviewing your Return to Sport Program Application: