



# COVID-19 Expectations

Updated September 2020

## **EXPECTATIONS**

The following expectations are to assist in protecting and/or minimizing the spread of COVID-19 within the team (swimmers, coaches, and parents/guardians), and to individuals at our rental facilities (ie. MacEwan University facilities/staff). As a result, the following COVID-19 expectations will be in effect immediately until further notice. Please read carefully.

### **1. ADDITIONAL SPORTS/ACTIVITIES**

As per the new Swim Alberta and Swimming Canada’s COVID-19 requirements, all swimmers participating in team activities may participate in only one (1) sporting cohort.

If the team discovers that a swimmer has been participating in an additional cohorting sport/activity as outlined by the Alberta Health Services COVID-19 Guidance for Sports, Physical Activity and Recreation, the team will immediately terminate the swimmer’s membership (and the memberships’ of all other family members), without any form of refund or reimbursement.

According to the Alberta Health Services COVID-19 Guidance for Sports, Physical Activity and Recreation, cohorting sports/activities include, but are not limited to: Swimming, Figure Skating, Ringette, Hockey, Mixed Martial Arts, Wrestling, Boxing, Gymnastics, Rock Climbing, Indoor Track. If unsure regarding a specific additional sport/activity, please contact the team **PRIOR** to participating in practices for further clarification.

***In order to swim, swimmers will need to choose SWIMMING ONLY as their sporting cohort until the team has reviewed, agreed with, and informed families/swimmers of any guidance changes made by Alberta Health Services and/or Swimming Canada.***

### **2. COVID-19 SYMPTOMS**

The online Penguin Swimming Daily Practice COVID-19 Screening Checklist regarding COVID-19 symptoms must be completed **PRIOR** to **EVERY** practice. Swimmers will not be allowed to participate in practice if the Daily Practice COVID-19 Screening Checklist has not been completed **PRIOR** to practice or if they are experiencing **ANY** COVID-19 symptoms. The team needs to be contacted immediately if a swimmer is suspected of having or has tested positive for COVID-19.

I \_\_\_\_\_ and \_\_\_\_\_ (please print name) as a parents/guardians of a Penguin Swimming athlete(s), or Penguin Masters swimmer, understand, and agree to abide by the above COVID-19 Expectations.

\_\_\_\_\_  
1<sup>st</sup> Parent’s/Guardian’s (or Master’s Swimmer) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
2<sup>nd</sup> Parent’s/Guardian’s Signature

\_\_\_\_\_  
Date