

Enrollment Form - COVID-19 Specific



To help prevent the spread of COVID-19, every participant (or parent/guardian if under the age of 18) must complete and sign this form before returning to their course provider. This form must be completed in addition to the usual course enrollment form. On review of the form, WSACs may contact you and ask you not to return to participate immediately and will discuss a suitable future date for your participation in Water Safety activities. N.B. Every question must be answered.

Participant Name:		Participant Age:		Course being enrolled in:		WSAC Name:		
Address:						Phone number (parent/guardian if U18):		
Question							✓Yes	✓No
1.	Do you (or the participant if U18) have symptoms of cough, fever, high temperature, sore throat, runny nose, breathlessness, flu like symptoms or loss or change to sense of smell or taste now or in the past 14 days?							
2.	Have you (or the participant if U18) been diagnosed with confirmed or suspected COVID-19 infection in the last 14 days?							
3.	Are you (or the participant if U18) a close contact of a person who is a confirmed or suspected case of COVID-19 in the past 14 days (i.e. less than 2 metres for more than 15 minutes altogether in 1 day)?							
4.	Have you (or the participant if U18) been advised by a doctor to self-isolate at this time?							
5.	Have you (or the participant if U18) been advised by a doctor to cocoon at this time?							
6.	Please provide details* below of any other circumstances relating to COVID-19, not included in the above, which may need to be considered to allow the safe return to class. Further information on people at higher risk from Coronavirus can be accessed here .							
Additional Information								

I confirm, to the best of my knowledge that I do not/the participant does not (if U18): (Please tick all boxes as appropriate)

I (or the participant if U18) currently have no symptoms of COVID-19.

I (or the participant if U18) am not self-isolating or awaiting results of a COVID-19 test.

I (or the participant if U18) undertake, should I develop any of the symptoms associated with COVID-19 or find myself awaiting the results of a COVID-19 test, I will absent myself from WSI activities until I return to full health.

Participant Signature:

(or parent/guardian if U18) _____

Date:

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