



British Gymnastics Coach Contact Framework – Gymnast and Coach/Instructor Opt-In

I, the undersigned gymnast acknowledges and agree that:

1. I want to recommence coach contact planned activities at _____ hereby known as the 'the recognised gymnastics environment' and I confirm that I am not being forced to train.
2. I have been given access and opportunity to fully understand the **British Gymnastics Coach Contact Framework Action Plan** including guidance on social distancing, the return to training and use of sports facilities and the specific British Gymnastics controls (on reducing the severity of risk and operational procedure) and my responsibilities under these and I acknowledge that I am required to always follow the Government Guidance and the British Gymnastics guidelines.
3. I have had time to review and understand, and confirm I will abide by, the **British Gymnastics Return to Coach Contact Code of Behaviour** and the expectations set out within this document.
4. I understand the requirement for a phased return to training and have already been taking part or will soon begin to take part in activities as an individual for two weeks prior to engaging in coach contact planned activities as outlined within the **Coach Contact Framework Action Plan**.
5. I acknowledge that the **Government Guidance** and the **British Gymnastics Guidance** may be updated, and I will keep myself up to date, knowledgeable and compliant with all current guidance.
6. I confirm my understanding of the inherently increased Covid-19 related risk associated with beginning and participating in coach contact planned activities and acknowledge the related risks (both known and unknown).
7. A failure to follow **Government Guidance** or the **British Gymnastics Guidance** carries with it the increased risk of contracting or spreading the Coronavirus; I will encourage compliance by all other users of the recognised gymnastics environment who are in my presence. In the event of non-compliance, I will report any concerns immediately to the designated Covid-19 representative or officer responsible for the recognised gymnastics environment.
8. I understand the risks of either my failing to follow the **Government Guidance** or the **British Gymnastics Guidelines** and understand that although I will be working with people within the recognised gymnastics environment who have also opted-in to agreement with the controls, their failure to comply with guidance may increase risk.
9. I understand and accept the sport-specific risk associated with the return to coach contact interactions within training at the recognised gymnastics environment. I certify that I am physically and mentally well enough to return to manual support activities and that I can participate in training under current **HM Government Guidance**.
10. I have no underlying medical issues which deem me clinically extremely vulnerable, nor am I required to shield, nor are any members of my household. I have not withheld any information in relation to recent illness, injury and medications.
11. If I experience any Covid-19 symptoms or suspected Covid-19 symptoms at any time, I will bring this to the attention of the Covid-19 representative or officer (or other suitable person) within the recognised gymnastics environment immediately. If experienced while I am on site within the recognised gymnastics environment, I will also immediately cease participation, inform the relevant persons and return home to self-isolate.
12. I understand that the recognised gymnastics environment is duty bound as a British Gymnastics member club to provide a safe environment under the **British Gymnastics Safeguarding policy and procedures**, and that a return to coach contact planned activities does not permit any relaxation of this policy and procedures.
13. I understand that I can stop planned manual support activities at the recognised gymnastics environment at any time if I have concerns in relation to Covid-19 or associated risks.

I have read this opt-in agreement, the *Return to Coach Contact Code of Behaviour*, and have knowledge of the *Coach Contact Framework Action Plan*. I fully understand its terms, understand my responsibilities under this agreement and sign it freely and voluntarily without any persuasion.

Gymnast/coach/instructor name: _____

Signature: _____ Date: _____

Parent/Carers name for Under 18's: _____

Signature: _____ Date: _____