



COVID-19 TENNIS PLAYING PROTOCOLS

EVERY TIME YOU PLAY

COMPLETE INDEMNITY

Before playing, all players should submit a signed indemnity form and hand in at the club.

COMPLETE FORM BELOW

1

2

SCREENING QUESTIONNAIRE

Every player must submit a completed screening questionnaire to the supervisor at the club.

COMPLETE FORM BELOW

3

COMPLIANCE RECORD SHEET

Every player must report to the supervisor to complete the Compliance Record Sheet. Your temperature will be taken and this is recorded on the sheet together with contact details.

4

BOOKING SHEET

Every player must be entered on the booking sheet, showing which court he/she played on, and during which time slots. Even if you are the only court in use, this must be filled in.



**HERMANUS
SPORTS
CLUB**



**OWN
WATER**

Please bring your own drinks



**AFTER
6PM**

The courts may not be used after 6pm. No floodlights.



**OWN
BALLS**

Bring your own 2 tennis balls and mark them. Players should serve with own tennis balls.



**FACE
MAKS**

You must wear a mask on arrival and departure – you do not have to wear a mask while playing.



**RESTROOMS
CLOSED**

Changing rooms (and toilets) are closed, except for emergencies. No showering is permitted

PARENT / GUARDIAN / PLAYER INDEMNITY FORM



 www.tennissa.co.za

I, on behalf of myself and any minor child/children for whom I have the capacity to contract, hereby acknowledge and agree to the following:

1. I acknowledge and understand that the circumstances regarding COVID-19 are changing from day to day and that, accordingly, the SA Government, the Centre for Disease Control and Prevention and Tennis SA guidelines are regularly modified and updated and I accept full responsibility for familiarizing myself with the most recent updates.
2. I acknowledge and fully assume the risk of illness or death related to COVID-19 arising from my or my child/children being on the premises and participating in tennis practices.
3. I understand the risks associated with COVID-19 and understand the manner in which the virus spreads.
4. I am aware of, and understand, the policies that Tennis SA has implemented in order to minimise the risk of transmission of COVID-19. Policy requirements set out by Tennis SA and the Government of South Africa can be found on www.tennissa.co.za
5. Given the nature of the COVID-19 virus I know and understand the risks associated with participating in tennis or tennis coaching. I accept these risks and agree that I cannot hold the coach/venue/club/Tennis SA or its staff liable for the transmission of, or any outbreak of, the virus at the venue. I indemnify, waive any right I might have to institute any claim of any kind against the venue or its staff and in relation to COVID-19.
6. This document does not exclude or limit any liability that is not capable of exclusion or limitation by law.
7. I agree and undertake that:
 - a. I, and my child/children, will adhere to all policies that Tennis SA and National Government have put in place with regard to COVID 19.
 - b. If I or my child/children or any members of my family show any symptoms of COVID 19 or are sick at all, we will stay at home. These symptoms include, but are not limited to, cough, fever, tiredness, sore throat, runny nose, shortness of breath, diarrhoea, headache, loss of taste or smell, rash or chest pain.
 - c. I will inform the coach and/or the venue/club compliance officer as well as one of the TSA Compliance Officers immediately if I or my child/children or if anyone else in the household has been infected with COVID-19. In this event, our family will undertake to quarantine the entire family for 14 days.
8. In order to ensure the safety of all players and staff, I will wear a mask and will provide my child/children or any other family members with masks and explain to them that the masks must be worn at all times when at tennis except during play on court.
9. I confirm that before I, my child/children or any other member of the family returns to tennis I will teach them how to put the masks on and take them off and how to wear them properly. I acknowledge that:
 - a. I will ensure that I and my children are proficient in the use of their masks before coming to tennis.
 - b. I will ensure that my own and my child/children's clothing and masks will be washed daily.
 - c. I will educate my child/children and any other family members about social distancing and its importance.
10. My current contact details have been provided to the coach/venue/club and are correct and valid.

I/WE DO HEREBY DECLARE AND CERTIFY THAT I/WE HAVE READ THIS DOCUMENT AND I/WE FULLY UNDERSTAND ITS CONTENT. I AM / WE ARE AWARE THAT THIS IS AN INDEMNITY AND RELEASE OF LIABILITY AND I/WE SIGN IT OF MY/OUR OWN FREE WILL.

SIGNED at _____ on this _____ day of _____ 20_____

.....
PARENT/GUARDIAN/PLAYER
(Name and Surname)

.....
PARENT/GUARDIAN/PLAYER
(Signature)

COVID-19 ATHLETES, SUPPORT STAFF & OFFICIALS SCREENING QUESTIONNAIRE



 www.tennissa.co.za

FULL NAMES:

CONTACT NUMBER:

CLUB / CENTRE:

RESIDENTIAL ADDRESS:

CONTACT DETAILS OF PERSON/S
LIVING AT SAME RESIDENCE:

HAVE YOU BEEN IN CONTACT WITH ANYONE THAT HAS HAD COVID-19? **YES** ☐ / **NO** ☐

DO HAVE SUDDEN ONSET OF ANY OF THE FOLLOWING SYMPTOMS? FEVER / COUGH / SHORTNESS OF BREATH / SORE THROAT / LOSS OF SMELL OR TASTE: **YES** ☐ / **NO** ☐

N.B: Should you respond YES to any of the above symptoms, please:

- Stay at home
- Practise self-isolation
- Contact a medical professional to discuss your symptoms and further actions that may be required

TO THE BEST OF YOUR KNOWLEDGE, ARE YOU CURRENTLY FREE OF COVID-19? **YES** ☐ / **NO** ☐

BY SIGNING THIS FORM, I HEREBY DECLARE THAT I AM FIT, AND IN GOOD HEALTH AND CAN RESUME TRAINING.

DATE(MM-DD-YYYY)

SIGNATURE