## Community / Partner - Return to Sport Questionnaire (1)

Special Olympics Ontario - Return to Sport Community / Partner - Return to Sport Survey This form is intended as a first step for Communities, Partnership Program Umbrella Organizations as a first step towards initiating the Return to Sport Process. Completing this form allows for faster completion of the Risk Assessment Questionnaire by constituent community or partner programs / clubs.

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This survey will be used to coordinate the restart activities of clubs/teams within a community or under the umbrella of a partner sport/organization of Special Olympics Ontario.

Please answer all questions truthfully and provide additional information to support your answers where needed. This form is meant to assist you and Special Olympics Ontario in identifying areas in which support may be required as you restart your programs.

For the purpose of all Return to Sport Documentation, Participant refers to all of the following: Athlete, Coach, Volunteer, or Support Person.

#### Contact Information

#### PLEASE NOTE

The information in this section should be the name and contact information used for endorsing teams/clubs/programs that are within your community or under your umbrella as a Special Olympics partner.

Please ensure that the email and telephone number listed below are ones that are checked regularly and consistently.

•	Community	/	Partner /	/ (	Organization*
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Please provide the	name of the Special O	Olympics Community	Program Partner / Org	anization

# Community / Organization Contact\*

Name of Person completing this Return to Sport Survey. (This should be the main contact for the community or partner organization)

1	
First	Last

• Community / Organization Email\*

	Primary Contact Email for the community or partner
•	Community / Organization Phone*
	Primary Contact Phone Number for this Contact
•	Role
	For the purposes of this application what is your primary role?
	•
•	Would you like to review and pre-populate answers for the Risk Assessment Questionnaire?
	This form is intended for the main point of contact for a community or partner organization that has several constituent clubs/teams/programs.
	Upon completion of this form and review by a Special Olympics Ontario staff member, you will receive a link for your constituent programs to complete the Risk Assessment Questionnaire. This step is required for every individual program.
	Saying YES to THIS question will pre-populate fields for your programs to simplify the Risk Assessment Questionnaire. This should only be selected if all of your programs are located in the same geographical area (i.e. the same community) and are subject to the same requirements. This question determines whether information from this form will be used to pre-populate information in the local
0	° Yes
0	° No
0	Unsure
•	Community Risk Assessment
•	Health District Phase 3:*
	Is your community / program within a Health District that is currently in Phase 3 status from the provincial government?
•	Daily COVID-19 reports:*

Are you aware of the local daily COVID - 19 reports for the above named community as reported by the Health District?

Group Gathering Numbers:*	
What is the maximum group gathering number for this Health District / Municipality? (Indoor and Outdoor #)	
0 of 2 max characters	
Mandatory Face Coverings:*	
Is your community / program within a Health District / Municipality that has a mandatory face covering bylaw in place?	
•	
Program Requirements	
Participation Declaration Waiver:*	
Each participant (athlete/coach/spectator) will be required to complete a Declaration Waiver form prior to participating it the training session. Please confirm that you understand that participants CANNOT participate in the training session if this form is not completed.	in
Outside Athlete Participation:*	
	red
Athletes from outside communities will not be permitted to join your sport program unless they were previously register in the program.  COVID-19 Training Plan:*	
in the program.	
COVID-19 Training Plan:*  As a community / program, what specific plans will be implemented to enhance the understanding, among your	
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	COO COVID 10 Bearing Blanck
•	SOO COVID-19 Response Plan:*
	A COVID-19 Response Plan has been developed for all SOO Programs. How will you educate your coaches on the COVID-19 Response Plan. Please enter your training notes here.
	4 F
•	Community Contact:*
	A COVID-19 Response Plan has been developed for all SOO Programs. The COVID-19 Response Plan mandates that the Head Coach must contact the community coordinator immediately. Please provide the name and contact email for the community coordinator.
	First Last
•	Community Coordinator's Email*
•	Attendance Tracker/ Health Screening:*
	All programs must administer an Attendance Tracker and a Health Screening at the beginning of the training session using the Athlete/Coach List from the Portal. Please identify who will be responsible for printing the athlete / coach list from the SOO Portal.
•	Attendance/Health Screening Input:*

Subsequently, at the end of each training session, the Attendance Tracker and a Health Screening information must be entered into the SOO Portal. Please identify who will be responsible for entering the Attendance and Health Tracker information into the SOO Portal.

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• Enforcement of Gathering Sizes:\*

All Special Olympics Ontario sport programs must meet the maximum gathering numbers as allocated by your Public Health District. Maximum gathering sizes include all athletes, coaches, volunteers, support persons and spectators. How will you ensure your programs do not exceed the maximum gathering size.



## SOO Training Ratios:\*

All Special Olympics Ontario sport programs must meet the minimum athlete:coach ratios as outlined in the SOO Resource Library. As a community, how will you ensure your sport programs meet these ratio requirements? Link to Coach:Athlete Ratios: https://www1.specialolympicsontario.com/resources/7000-209-coach-ratios/



## Hand Sanitizer:\*

To prevent the spread of COVID-19, it is recommended that hand sanitizer be available at all training sessions. Please advise how you will ensure each of your sport programs has access to hand sanitizer for all training sessions.



# Declaration

### Agreement

It is my understanding that the information presented above to be true and accurate. I understand that providing false information regarding the statements above could result in disciplinary action against me which could include suspension from Special Olympics Ontario.

$\square$ I have provided information that is true and accurate.
Signature
Ö
Date
Date Format: MM slash DD slash YYYY
Submit Save and Continue Later