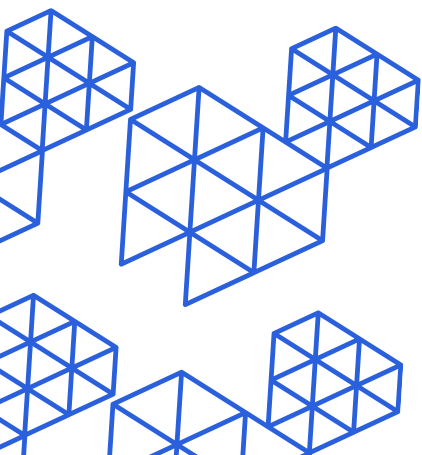


ATTACHMENT 2

FACILITIES AGREEMENT



Facilities agreement

Club:			
Facility:			
Club office holder:			
Name:			
Position:			
Signature:		Date:	
*Club Covid-19 Liaison Officer			
Name:			
Signature:		Date:	
Facilities manager			
Name:			
Position:			
Signature:		Date:	

*Club Secretary unless role allocated to an alternative club member

Masters swimming club and facilities manager has:	Tick
Shared and discussed the MSV Return to Play Plan with coaches, committee and facilities manager	
Agreed on the facility' safety protocols and incorporated these into the coaches pre-squad briefing	
Established hygiene and no sharing protocols around water bottles and equipment.	
Established protocols to manage swimmer numbers in accordance with Victorian Government directions	
Established protocols with the coach and facility if a swimmer becomes sick whilst training	
Has an agreed club/facility communication protocol should a case of COVID-19 be confirmed	
Has an appropriate drop off/pick up procedure for swimmers in place	
Will provide the names and contact details of squad attendees to the facilities as per restricted directions requirements (strike through if not required)	