

This short survey has been created to understand the number of athletes who wish to return to poolside when it is safe to do so.

If you have any specific questions on this survey, please email us at XXXXX

**Thanks
Club Management Committee**

1. About You

Name of swimming club

Name of swimmer

Name of parent guardian (If under 18)

Email Address

Phone Number

2. Please indicate which squad you are in?

3. With the information provided by the swimming club to date, does your child wish to return to the pool over the coming months?

Yes No

4. With the information provided by the swimming club, are you happy for your child to participate in physical group activity (no more than 5 in a group (pod)) that abides by socially distanced rules e.g. a group walk or land based training on a rugby pitch?

Yes No

5. If you cannot take part in Aquatic activities in the short to medium term, in order to understand where we may be able to help, can you please share with us the reason(s)?

I am anxious about the Covid-19 pandemic and current health risks

Our economic situation due to Covid-19 does limit us to pay towards future membership at this current time

I have a pre-existing health condition that would put me at risk if I returned to the pool

I am leaving due to starting in college or university

I have members of my family who are at risk from Covid-19

There has been a change in my personal circumstances since Covid-19

Other (please specify)

Thank you for completing this survey