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| Managers Name | Training Venue | Age group | Date | |
|  |  | **Under ‘s** | **/ / 2020** | |
| Has all equipment been sanitised prior to your session? | | | | **Yes / No** |
| Is hand sanitising gel ready for your players to arrive? | | | | **Yes / No** |
| Does the training plan conform to social distancing and FA guidelines | | | | **Yes / No** |

**Before your session ask your players the below 3 questions and note any problem answers in the columns Q1-Q3**

**Q1)** Has anyone (or anyone in their household) tested positive for Covid-19 in the last 14 days.

**Q2)** Has anyone (or anyone in their household) had symptoms of Covid-19 in the last 14 days.

**If anyone answers YES to any of the above 2 questions, mark yes on the form below and send home immediately**

**Q3)** Has everyone read and understands the rules of training during Covid-19

**If anyone answers NO to the above question, mark NO on the form below and provide a copy of the training rules**

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| Players Name | Training Group | Q1 | Q2 | Q3 | Q4 |
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**After your session state any observations below and mark column Q4**

**Q4)** Were there any instances of physical contact (or contamination risks) during your session Yes / No

**If yes please mark Yes in the above form in column Q4 to identify names and please include contamination details below**

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