**COVID-19 RETURN TO PRACTICE PLAN**

**UTAH LSC**

**PLEASE complete this RTP template. We welcome any format that covers the information.**

**Team Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Practice Facility Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Head Coach / Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Team Admin / Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Covid Response Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**All teams must have a Covid response person responsible for staying up to date on community and state recommendations and any associated changes. This person will run point on any Covid needs the team has regarding all team protocol.**

**COMMUNICATION: All parents/ guardian / athletes / staff should be informed of how your team will deal with a positive Covid case within the team families.**

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**STAFF and ATHLETE PPE: Please detail what and when PPE is required among staff and athletes.**

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**PREPARING TO SWIM: Please detail your protocols for getting swimmers from their cars to the water (temp checks, social distancing, etc.)**

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**DURING SWIMMING: Please detail your protocols for in the pool distancing (swimmers per lane / consistency of groups, etc.)**

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**EXITING THE POOL: Please detail how swimmers exit the pool and leave the facility.**

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**ADDITIONAL INFORMATION: Please detail any other club specific information regarding your Covid protocols (multiple practice group info / clearing deck, etc).**

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