



RE-OPENING PROTOCOLS

A Guide To Playing Tennis Safely



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RATIONALE

EXPLANATION OF PROTOCOL DEVELOPMENT

1. Pathway For the Development of Ace Tennis Protocols

- **The legal directives and parameters:**
 - First, Canadian government policies
 - Second, Ontario government policies
 - Third, Municipal government policies
- **The Partnerships Protocols**
 - Tennis Canada recommendations
 - The Ontario Tennis Association recommendations
 - The Board of community clubs and their policies
 - The ownership of private clubs
- **Research and Development**
 - Tennis Industry Canada [TIC]
 - The Ace programming systems and philosophy
 - Ace Research: Child development

2. Background Research: Child Development & COVID-19

While it is well established that children are important drivers of influenza virus transmission in the community for the COVID-19 virus, initial data indicates that children are less affected than adults and that clinical attack rates in the 0-19 age group are low.

- Further preliminary data from household transmission studies in China suggest that children are infected from adults, rather than vice versa. This is an important consideration with respect to school closures and reopening but is an area in which the evidentiary base will continue to develop.
- The evidence of the impact of COVID-19 on young adults appears to be evolving although the data to date suggests that they are more likely to experience mild symptoms.
- In general, educational and sport settings are critical to a child's and youth's psycho-social development, as well as learning.
- Parent's ability to maintain employment is very essential to have supportive activities for younger children, and Ace Tennis' recommendations in this area take into consideration all these dimensions. Safety is first, but recreation and involvement in sports are also important developmental activities for many children and young people.
- We believe that Ace Tennis can deliver a safe, well-designed program to ensure the well-being of the players and coaches while providing the maximum benefit for the players, clubs, and coaches.

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OVERALL PROTOCOLS

PROTOCOLS THAT PERTAIN TO EVERYONE

- First and foremost, the safety of all is the ultimate goal.
- Respect all communicated standards from national, provincial, municipal governments.
- Evaluate all recommendations from the provincial tennis associations.
- Respect club policies.
- Respect all corporate policies.
- Protocols must be clearly communicated and available on location.
- Signs are required in providing guidance and reminders on site.
- The protocol implementation is the responsibility of all staff on location.
- Protocol adherence is a legal responsibility. Prepare video showing protocols.
- All protocols sent to parents, members, players and posted on the club and Ace website.
- Anyone not feeling safe; staff, players, and parents should not participate in group events.
- Special arrangements for those who wish not to join group training, if possible will be made i.e. private lessons.
- Staff members, parents or guardians and children must not attend the program if they are sick, even if symptoms resemble a mild cold. Symptoms to look for include: fever, cough, shortness of breath, sore throat, runny nose, nasal congestion, headache, and a general feeling of being unwell.

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CLUB PROTOCOLS

PROTOCOLS THAT ARE CLUB SPECIFIC

Protocols will differ by club. It is the responsibility of players, parents, and coaches to ensure they abide by all club protocols.

Example: Cedar Springs Protocols

- Social distancing rules are in place. Stay 2 meters apart from other people.
- Our staff/coaches will wear the appropriate protective equipment (masks, gloves, etc) and will go through a wellness check every day before they check in.
- Singles, doubles and small group lessons are allowed. For lessons, you will be asked to wait in the waiting area before front desk until your coach arrives. Your coach will escort you to the court obeying social distancing rules.
- Players and coaches are to provide their own balls.
- The operation will be 100% cashless. Electronic payments only.
- No walk-ons. Bookings can be made by logging-in to our system.
- Similar to grocery stores, floors will be marked with arrows for flow of traffic. You will be asked to obey these as if they are one-way streets.
- You are allowed 10 minutes before you court time and you must leave immediately after your booking is done.
- Washroom facilities will be available. Courts 1-6 will use the Harvester room bathrooms. Courts 7-12 will use the back washrooms in the squash area.
- Towel service will be suspended, restaurant, fitness, locker rooms, pools, spas are closed.
- Squash and racquetball are closed.
- Any person caught disobeying the rules will be asked to leave immediately and they will not be allowed to return.
- We plan on operating summer camps, unfortunately the guidelines have not yet been released. Legislation is on its way and if able, we will do our part to make sure your children are taken care of while you work in a safe and fun environment.
- Any questions email info@cedarspringsclub.ca.

Let's remember to be kind to your neighbour and offer a hand in a time of need.

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STAFF PROTOCOLS

PROTOCOLS THAT ARE STAFF SPECIFIC

- First and foremost, safety is the ultimate goal.
- Staff must fill out the self-assessment screening questionnaire and submit before the first day of operation [see risk assessment questionnaire].
- Staff must wear a mask when not on the court.
- Must ensure the following protocols:
 - When players arrive at the club
 - Meet at the entrance
 - Coach brings players to the court
 - When players enter the court
 - Coach and players use hand sanitizer
 - Bags to be left in designated area at the back of the court
 - Coach takes attendance of all participants for each session
 - When players are on the court
 - To use hand sanitizer as they enter and exit court
 - Maintain physical distancing at all times
 - Water breaks at back of court where players bag is placed
 - Only coaches are to pick up balls
 - Players can only participate in serving (practice) if wearing glove on ball tossing hand
- At the completion of the program/session, players must exit premises immediately. The coach must accompany the player until the player is picked up while maintaining physical distance.
- Players can only participate in serving (practice) if wearing glove on ball tossing hand.
- Report all incidents to management staff and to parents through email.
- Manage flow of players to washrooms. Ensure proper management of program content to respect all protocols.
- Clean and sanitize coaching baskets and ball tubes after each program.
- Fitness programs must be designed to respect social distancing.

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PARENT PROTOCOLS

PROTOCOLS THAT ARE PARENT SPECIFIC

- Please ensure you conduct the Risk Assessment questionnaire (see Appendix) with your child before the first session.
- The waiver (see Appendix) must be signed once, initially before joining any program and or tournament.
- Prepare your child for practice:
 - By reviewing protocols
 - Ensuring that players come changed and ready for the activity
 - Ensure all required needs are in their tennis bag:
 - Equipment
 - Towel, water bottle
 - Mask and hand sanitizer
 - Snacks
- Arrive as close to start and pick up time to reduce time at the facility.
- Parents must be on time to pick up their children after class.
- Until otherwise stated; parents should only drop off and pick up children.
- Parents are not to enter club premises for any reason other than in the case of an emergency.
- Only parents of children 8 years old or younger can remain on-site practicing physical distancing [unless club rules state otherwise].
- Their attendance must be recorded upon entry to the club and a waiver must be signed.
- Any communication with staff must be done through e-mail.
- Any change in the health of your child must be assessed and reported to management immediately.
- If a child develops symptoms while at the program, the child should be isolated away from other children and the parent or guardian should be notified to come and pick up the child immediately.
- Major issues can be reported to info@acetennis.ca and will be addressed immediately by management.
- Please inform the staff of non-attendance by your child.
- If your child is playing in a tournament, respect the event and host club protocols as they might be different.

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PLAYER PROTOCOLS

PROTOCOLS THAT ARE PLAYER SPECIFIC

- Players are expected to show responsibility by:
 - Making sure your waiver has been signed by parents.
 - Proper preparation [tennis clothes, bag, equipment, towel, water]
 - Gloves will be worn for serving, please bring - otherwise will be provided.
 - Masks are optional
 - Respecting rules of sanitization upon entry to the club and courts.
 - Following all signage and floor guidance.
 - Through program rules:
 - Physical distancing
 - Picking up balls
 - Washrooms are only used when necessary if available.
 - Physical distancing is mandatory during all breaks.
 - Any questions should be addressed through Slack.
 - Issues should be addressed through email.
 - Limiting time in facility- the club is not a socializing hub during this period.
 - While playing a tournament respect all tournament and club protocols.

Tennis strong together with respect.

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RELEASE AND INDEMNITY AGREEMENT

APPENDIX

**TO: ALL CANADIAN SPORT MANAGEMENT INC
o/a ACE TENNIS; TORONTO TENNIS CITY**

**Name of Participant
(the "participant")**

Last Name:

First Name:

Phone Number:

Email:

Activities: Tennis Lessons/Programs/Camps at **Cedar Springs Health Racquet and Sports Club** at 960 Cumberland Avenue, Burlington, Ontario (the "Facility"); **Toronto Tennis City** at 185 Balliol Street, Toronto; **Howard Park Tennis Club** at 430 Parkside Drive, Toronto; **Milton Tennis Club** at 800 Santa Marina Blvd; **Mimico Tennis Club** at 29 George Street, Etobicoke; **Bridlewood Tennis Club** at 445 Huntingwood Dr. Scarborough; **Agincourt Tennis Club** at 31 Glenwatford Drive, Scarborough, and **Burlington Tennis Club** 501 Drury Ln, Burlington.

Assumption of Risk:

For good and valuable consideration provided from ACSMI to the Participant (including but not limited to the right to participate in the Activities at the Facility), and the mutual covenants herein, the receipt and sufficiency of which is hereby acknowledged, the Participant does hereby agree as follows:

That this Release and Indemnity Agreement is in addition to the existing Release and Indemnity Agreement entered into when I/We became a member of ACSMI.

I am aware that by participating in the Activities noted above I will be exposed to many inherent risks and dangers ("Risks"), including but not limited to exposure to Covid 19 and/or the possibility of the risk spreading Covid 19 virus to other individuals at the Facility and/or to the public at large, that may result in, among other things, mild or severe illness, physical injury, partial or total disability, death and/or property loss or damage. These risks, which were not included in the first Release and Indemnity Agreement we entered into include, but are not limited to, risks and dangers arising from COVID 19 RISKS and exposure to Covid 19 and/or the possibility of the risk of spreading Covid 19 virus to other individuals at the Facility and/or to the public at large.

I agree with the foregoing and freely accept and fully assume all Risks and acknowledge the possibility of, and agree to be solely responsible for personal injury, death, disability, property damage or loss resulting from the Risks except where such arises as a result of the negligence or willful misconduct of the facility. I have no pre-existing health or medical condition which could be triggered or exacerbated by participation in the Activities or which could be expected to impact my safety or the safety of others.

I agree to comply with the COVID- 19 Policies recently adopted by ACSMI and posted at the Facility (a copy attached hereto).

Initials:_____

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RELEASE AND INDEMNITY AGREEMENT

APPENDIX

I further agree to **RELEASE FROM LIABILITY** and to **INDEMNIFY AND HOLD HARMLESS ACSMI its agents, employees, management and Directors** from all losses or claims for damages or injury for which me or my child may be liable to any other person, as a result of these activities, whether the claim is based on negligence or any cause.

Initials:_____

This Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives in the event of my death or incapacity.

I agree with and freely accept the responsibility for the foregoing.

Initials:_____

This indemnity shall survive the expiry or earlier termination of this Agreement.

Initials:_____

I acknowledge that I have read, understood and agree with this Release and Indemnity Agreement; that I appreciate and accept the risks; that I am waiving certain legal rights which I or my heirs, next of kin, executors, administrators and legal representatives may have against ACSMI; and that I have executed this Agreement voluntarily. I am at least 18 years of age. Where a Participant is under 18 years of age, a parent or legal guardian has signed below.

Signed this : _____ day of _____, 20____, at _____.

Signature of Participating Employee/Student

Printed Name of Participating Employee Student

Signature of Parent or Legal Guardian for Minor

Printed Name of Parent of Legal Guardian of Minor

Signature of Witness

Printed Name of Witness

This Agreement must be completed in full (signed, dated, witnessed and initialed where indicated) before the Activities may begin.

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RISK ASSESSMENT

APPENDIX

We require you to fill out the below questionnaire to assist in determining your fitness to work during the COVID-19 pandemic to provide a safe environment for staff, physicians, contractors, patients and families.

NOTE: This information in this questionnaire will be used solely for the purposes of determining fitness for work during the COVID-19 pandemic.

Ensure at all times you are following protocols for hand hygiene and also remember to clean your keys, phone, equipment, computers and other personal items.

This questionnaire intends to identify new symptoms or worsening of symptoms that are related to allergies, chronic or pre-existing conditions. Those with symptoms related to pre-existing conditions or allergies can still go to work.

PRINTED NAME: _____ SIGNATURE: _____ DATE: _____

Do you have any of the following symptoms which are new or worsened if associated with allergies, chronic or pre-existing conditions: fever, cough, shortness of breath, difficulty breathing, sore throat, and/or running nose?	YES	NO
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Have you returned to Canada from outside the country (including USA) in the past 14 days?	YES	NO
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IN THE PAST 14 DAYS, AT WORK OR ELSEWHERE, WHILE NOT WEARING APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT:

Did you have close contact with someone who has a probable or confirmed case of COVID-19?	YES	NO
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Did you have a laboratory exposure to biological material (i.e., primary clinical specimens, virus culture isolates) known to contain COVID-19?	YES	NO
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Please submit your completed questionnaire to your supervisor, or to a member of your management team

If you answer "YES" to any of the above, you are not permitted to attend work at this time and you must self-isolate. Please inform **ALL** managers/leads you report to.

If you answer "NO" to all of the above, you can proceed to work. If you develop symptoms, please complete a new questionnaire.

NOTE: information from this questionnaire has been taken from Alberta Health Services

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I agree with the foregoing and freely accept and fully assume all Risks and acknowledge the possibility of, and agree to be solely responsible for personal injury, death, disability, property damage or loss resulting from the Risks except where such arises as a result of the negligence or willful misconduct of the facility. I have no pre-existing health or medical condition which could be triggered or exacerbated by participation in the Activities or which could be expected to impact my safety or the safety of others.

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Signature of Participating Employee/Student

Printed Name of Participating Employee Student

Signature of Parent or Legal Guardian for Minor

Printed Name of Parent of Legal Guardian of Minor

Signature of Witness

Printed Name of Witness

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