



COVID WITHDRAWAL FORM – ONB COUNTY CHAMPIONSHIPS 2022

With effect 23rd January 2022, Swimmers who receive a positive Lateral Flow Device (LFD) Test will NOT be allowed to swim at County Championships 2022 and must self-isolate. Swimmers must follow the prevailing COVID-19 self-isolation government guidance. Once the period of isolation (as prescribed in the latest government guidance) is complete and the necessary negative lateral flow test results are achieved, swimmers will be allowed to swim at County Championships 2022. Please complete Sections 1,2 & 4.

A swimmer notified by test and trace to isolate due to a member of their household having a positive LFD test result may also apply for a refund for events missed. In this instance Sections, 1,3 & 4 must be completed.

To qualify for a refund, the Promoter must be advised of any COVID Withdrawals at the first possible opportunity; retrospective claims for COVID Refunds WILL NOT be accepted. A Refund will be given on the production of swimmers' positive LFD test results and will **ONLY** apply to those events that the swimmer has been unable to participate in. **Positive LFD test results should be reported on the report a rapid lateral flow test result – NHS (www.nhs.uk) website.** The Promoter will review withdrawals on a case-by-case basis, and the Promoters decision is final.

The Parent/Guardian of the swimmer (if under 18 years of age) must complete this form fully and attach proof of swimmers' positive Lateral Flow Test result OR test and trace notification. Swimmers over 18 years of age to complete the form themselves.

SECTION 1 - SWIMMER DETAILS	
CLUB:	ASA NUMBER:
SWIMMER FIRST NAME:	SWIMMER SURNAME:

SECTION 2 - TO BE COMPLETED IF SWIMMER HAS A POSITIVE LATERAL FLOW TEST RESULT
DATE OF LATERAL FLOW DEVICE POSITIVE RESULT:
DATE/TIME COUNTY NOTIFIED:
DATE ISOLATION ENDS (if applicable):

SECTION 3 - TO BE COMPLETED IF HOUSEHOLD MEMBER POSITIVE LFD TEST
NAME OF PERSON WITH POSITIVE LFD TEST:
RELATIONSHIP TO SWIMMER:
DATE/TIME SWIMMER NOTIFIED BY TEST & TRACE TO ISOLATE:
DATE SWIMMER ISOLATION DUE TO END:

Please list below the event(s) the swimmer will miss due to having a positive Lateral Flow Test result/positive PCR test OR due to isolation.

[illegible]

Name (Please print):.....

Signed:.....
(by parent/guardian if swimmer under 18yrs)

Date:.....

County Use:

Received By:.....

Date:.....