



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 psychosocial 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 are on the acetennis.ca website.
- Anyone not feeling safe; staff, players, and parents should not participate in group events.
- 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. ACE Tennis and Cedar Springs Club are partners, but operate separate. ACE Tennis adhere by Cedar Springs Club rules.

CEDAR SPRINGS COVID RULES

- At this point no guests are allowed in the club. That means parents are not allowed in the club, only if they are members.
- Every person coming into the club will wear the appropriate protective equipment (masks) in all common areas and must have their temperature checked.
- Players and coaches do not need to wear masks on court
- Stay 2 meters apart from other people.
- For lessons, you will be asked to wait in the waiting area before front desk until the coach arrives.
- Your coach will escort your child to the court and bring kids back to the front at the end of the class, obeying social distancing rules.
- Singles, doubles and small group lessons are allowed.
- 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.
- 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.

If you have any questions please contact kaila@cedarspringclub.ca.

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

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STAFF/COACHES PROTOCOLS

PROTOCOLS THAT ARE STAFF SPECIFIC

All Canadian [ACE TENNIS] COVID RULES

Coaches must ensure the following protocols:

- When players arrive at the club please Meet Coach at the entrance of the club.
- Players and coaches use masks in common areas only, but do not need to wear them on court.
- Coaches bring players to the court maintaining physical distancing at all times.
- When players enter/exit the court coach and players use hand sanitizer.
- Bags are to be left in designated area at the back of the court .
- Coach takes attendance of all participants for each session.
- Players take water breaks at back of court where players bag is placed – coach marks off an area for each kid .
- At the completion of the program/session, players must exit premises immediately.
- The coach must accompany the players back to the front .
- Manage flow of players to washrooms. Kids in Progressive 1 is followed by helper, Progressive 2 and up goes to washroom themselves. Coach to let players know where washroom is on the way to court.
- Ensure proper management of program content to respect all protocols.

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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:
 - Ensuring that players come changed and ready for the activity
 - Ensure all required needs are in their tennis bag:
 - Equipment
 - Water bottle
 - Mask
 - Towel [tournament players]
- 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, unless they are members of Cedar Springs.
- Their attendance must be recorded upon entry to the club and a waiver must be signed.
- Communication with staff should 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, mask]
 - Masks are to be used in common areas
 - Respecting rules of sanitization upon entry to the club and courts.
 - Following all signage and floor guidance.
 - Through program rules:
 - Physical distancing
 - Physical distancing is mandatory during all breaks.
 - Any questions should be addressed through Slack or 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

MEMO

To: All Canadian Sports Management Inc. O/A Ace Tennis & Toronto Tennis City

From: Kim Dunn, Director of Finance and Administration

Date: May 25th, 2020

Re: Return to Work Safety Protocols - Post Covid-19

Hello Everyone,

We will resume programming on June 1, 2020 following a 10-week closure of our facility due to the COVID-19 pandemic. When we resume operations things will not be the way we were accustomed to, and this memo will outline our new reality for operating our academy and tennis facility. Initially our operation has been approved to open under the following conditions:

1. **We must respect all Government guidelines (national, provincial and municipal)**
2. **New protocols have been established and are a part of our new waiver which all customers/employees and contract workers will be required to sign.**
3. **ALL CANADIAN PROTOCOLS are included in this correspondence. See attached. We must respect social/physical distancing practices (including maintaining 2 metres distance at all time)**

Our organization is taking numerous steps to ensure the personal safety of our staff, members, participants and guests. The following steps taken by our organization will help support a successful re-launch strategy for the sport of tennis in our province.

REPORTING FOR/EXITING WORK:

1. Upon entry into the facility you must complete a **Daily Wellness Check / Fit for Work Screening**
2. You must immediately wash your hands using soap and water and, if not available hand-sanitizer
3. Following any and all interactions with a client, you must wash your hands or use sanitizer
4. Before you exit the facility, you must wash your hands

NO WALK-INS

Absolutely no walk-ins. All enquiries should be done via telephone or email.

SAFEGUARDING OUR PERSONNEL

We have ordered personal protective equipment such as hand sanitizer, gloves and face-shields to be used by our staff members.

1. Frequently wash your hands
2. Maintain safe distances at all times with your fellow work colleagues, members and program participants
3. Plexi-glass shield will be installed in the reception area(TTC), and tournament booking desk (CS)
4. Social distancing markers have also been ordered
5. All personnel must complete a daily wellness screening / fit for work sheet (see attached)

SOCIAL DISTANCING PRACTICES

All of our staff members are required to maintain social distancing practices including being at least 2 metres distance from one another at all times. All staff interactions with members, other staff members and clients require hand sanitization after any and every contact.

VIRTUAL MEETINGS & COMMUNICATIONS

We will continue to hold virtual meetings for planning and organizational purposes, and to communicate with staff, along with our regular course of communications, such as emails and slack.

RISK ASSESSMENT

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.

*If you have already completed this form during one of our training sessions, then you will not need to complete it again, unless your answer to any of the questions above has changed.

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



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o/a ACE TENNIS; TORONTO TENNIS CITY

Name of Participant
(the "participant")

Last Name:

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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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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.

