LOOPS TABLE TENNIS

618 Somerville Road Sunshine West VIC 3020 Australia

MOBILE PHONE:

SIGNATURE:

H.W.A.T.T.

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IMPORTANT - In order for Loops powered by HWATT to adhere to the Victorian government's directions, and therefore remain open, please read the following:

RE-ENTRY TO LOOPS TT - DIRECTIONS						
Until further written directions from LOOPS TT, Iadhere to the below directions of use as set out by LOOPS powered by HWATT.						
1. To follow all lawful directions of LOOPS TT's COVID Marshall (Joe Gerada).						
2. Visitors, Staff and Coaches adhere to social distancing and basic hygiene during each entry to LOOPS and must sign in at the reception and have their temperature checked BEFORE entering the playing areas.						
3. Visitors bring their own v	ring their own water bottles and are not permitted to use the facility drink taps directly.					
Equipment used during the session is wiped down after each lesson (ie balls, ball picker-uppers, tables, nets etc. that come in to contact with both the visitor and staff).						
5. No contact whatsoever (i.e. no handshakes, high fives etc.), with sessions to be singles only. If changing ends, please walk on the opposite sides of the table. Always maintain a distance of at least 1.5m from each other.						
6. Visitors to minimise their time at LOOPS powered by HWATT, including change rooms and social activities.						
7. A maximum of 20 pre-booked visitors not including coaches and staff during session blocks at any one time.						
8. No Walk-ins allowed. All sessions are booked in with set start and end times with a 15-minute gap between sessions for cleaning (strict adherence to session times).						
9. If I have symptoms of Covid-19, or have been closed to people who tested positive to Covid-19, I will advise the staff and/or coaches at Loops and I must not enter Loops premises until I have been tested for Coronavirus and have received a negative result.						
SYMPTOMS INCLUDE:						
• FEVER	• COUGH	• COUGH				
SHORTNESS OF BREATH	• RUNNY NOSE; AND LOSS OF SENSE	• RUNNY NOSE; AND LOSS OF SENSE OF SMELL				
• CHILS OR SWEATS	SORE THROAT					
DECLARATION:						
I have read and understood the content of this document and I agree to abide by the directions.						
VISITOR NAME:						
EMAIL:						
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DATE: