*Location:…………………………….. Date:………… Opposition:……………………………………………….*

* *This checklist should be completed at every training session and match*
* *It enables you to ensure all the correct steps have been taken to minimise the chances of an accident and to put you in the position to deal with an accident if one occurs*
* *Blank versions of this form should always be in your kit bag (with a pen)*
* *The form does not replace other Colts items which you may need in an emergency which are set out in the check list and which should all be in your kit bag*

***If you answer “No” to any of the questions below, consider whether you should continue with the training session or match or whether any action can be taken to remedy the situation.***

***Note: If you are using a venue and are aware of any issues that may affect its safety, please inform the Club Secretary immediately by email: secretary@harpendencolts.com***

|  |  |
| --- | --- |
| **Issue/Item to Check** | **Notes** |
| **FA Qualified First Aider**Is there an FA qualified fit aider present? | YES: |
| NO: |
| **Adult Assistance**Is there another adult present (other than the first aider) to assist in an emergency | YES: |
| NO: |
| **Phones**Do you have a charged mobile phone with a signal and is there a second back-up phone with a signal?  | YES |
| NO |
| **Playing/Training Area**Check that the area and surroundings are free from obstacles and fit and appropriate for the activity planned | YES: |
| NO: |
| **Goalposts**Check that they are fit and sound for activity and suitable for your age group/ability. They must be secured and properly weighted. | YES: |
| NO: |
| **Colts Team Sheet**Do you have a copy of the Colts Team Sheet and does it cover every player at the training session/match? | YES: |
| NO: |
| **Colts Additional Medical Information Forms and Medication**Do you have copies of the completed forms for any player who has a medical condition and their medication on site? | YES: |
| NO: |
| **Players’ Attire**Are players properly dressed safely for the activity?Including appropriate boots, shin pads, no jewellery/watches, hair tied back, sports glasses?*Note: A referee can ask a player to leave the field if the referee feels that the player's glasses are a danger to the player or other players.* | YES: |
| NO: |
| **Emergency Access**Are there access points for emergency vehicles and are those points clear of obstruction? | YES: |
| NO: |
| **First Aid Kit**Do you have a fully stocked first aid kit (see Coaches’ Handbook for details of what should be included) | YES: |
| NO: |
| **Colts Venue Risk Assessment Form**Is there a copy of the form in your kit bag and are you familiar with the information on it? | YES: |
| NO: |
| **Colts Injury Report Forms**Do you have some blank injury report forms in case of an accident? | YES: |
| NO: |