

General Guidelines:

1. Masks will be required in all areas of the facility, except while in the water.
2. All swimmers will enter through Door 43, which leads directly onto the pool deck. Check-in with the manager upon entry to be shown where to go, following a one-way flow around the pool.
3. To ensure a spot for you or your swimmer, pre-registration is required for all aquatic programs. To register for a spot, please refer to the most recent Buffalo Grove Park District brochure or online registration system. Your registration will be confirmed by email with a receipt of payment.
4. Each program session will require registration, regardless of registration in a prior program session.
5. No walk-in registration will be allowed. Please register prior to arriving to the facility.
6. Due to the strict capacity of 50 people, parents/guardians should be prepared to drop off and pick up only as the balcony and pool deck will be closed for spectators.
7. Program participants will be allowed onto the pool deck 5 minutes before the program start time.
8. Swimmer's bags are to be placed around the pool deck wall with a minimum distance of 6 feet apart.
9. Please note drinking fountains will be turned off, so please bring your own water bottles.
10. Kickboards and noodles will be provided for swim team and swim lessons only. Kickboards and noodles can be brought from home; however we recommend these items not be shared.
11. Locker rooms are not open for changing. Only one person at a time will be allowed into the locker room to use the restroom, no bags allowed, and will need to ask the manager to unlock the door for use.
12. Please make sure you have all of your belongings as there will not be a "Lost and Found." The Buffalo Grove Park District is not responsible for lost or stolen items.

Health Monitoring:

1. All staff and guests will be required to complete the wellness screening self-assessment before arriving to the facility. A copy of this assessment is available at the entrance of this facility.
2. Any staff or guest who is exhibiting COVID-19 symptoms will be prohibited from entering.

Disinfecting/Cleaning Procedures:

1. Cleaning and disinfecting of the facility will follow CDC, IDPH and District 214 guidelines.
2. The facility will close after every program session for staff to disinfect high touch surfaces (i.e. door handles and program equipment). Please note, surfaces may still be wet at the start of a new time block.

Wellness Screening Questionnaire

- | Yes | No |
|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> Have you felt feverish? |
| <input type="checkbox"/> | <input type="checkbox"/> Do you have a cough? |
| <input type="checkbox"/> | <input type="checkbox"/> Do you have a sore throat? |
| <input type="checkbox"/> | <input type="checkbox"/> Have you been experiencing difficulty breathing or a shortness of breath? |
| <input type="checkbox"/> | <input type="checkbox"/> Do you have muscle aches? |
| <input type="checkbox"/> | <input type="checkbox"/> Do you have congestion or a runny nose (e.g., not related to allergies)? |
| <input type="checkbox"/> | <input type="checkbox"/> Have you been experiencing fatigue? |
| <input type="checkbox"/> | <input type="checkbox"/> Have you had a new or unusual headache (e.g., not related to caffeine, diet, or hunger, not related to a history of migraines, clusters, or tension, not typical to the individual)? |
| <input type="checkbox"/> | <input type="checkbox"/> Have you noticed a new loss of taste or loss of smell? |
| <input type="checkbox"/> | <input type="checkbox"/> Have you been experiencing chills or rigors ¹ ? |
| <input type="checkbox"/> | <input type="checkbox"/> Do you have any gastrointestinal concerns (e.g., abdominal, pain, vomiting, diarrhea)? |
| <input type="checkbox"/> | <input type="checkbox"/> Is anyone in your household displaying any symptoms of COVID-19? |
| <input type="checkbox"/> | <input type="checkbox"/> To the best of your knowledge, have you or anyone in your household come into close contact ² with anyone who has tested positive for COVID-19? |

¹ Rigors: A sudden feeling of cold, with shivering accompanied by a rise in temperature.

² Close contact includes household contacts, intimate contacts, or contacts within 6 feet. for 15 minutes or longer, unless wearing an N95 mask during the period of contact.