**Wattisham Blades NC**

**Health and Safety Policy**

**HEALTH AND SAFETY POLICY STATEMENT:**

Wattisham Blades Netball Club is strongly committed to encouraging our members to take part, but the health, well-being and safety of each individual is always our paramount concern. We recommend levels of training dependent on age and ability, and expect our junior athletes to participate within these boundaries.”

**HEALTH AND SAFETY POLICY:**

To support our Health and Safety policy statement we are committed to the following duties:

* Undertake regular, recorded risk assessment of the club premises and all activities undertaken by the club.
* Create a safe environment by putting health and safety measures in place as identified by the assessment.
* Ensure that all members are given the appropriate level of training and competition by regularly assessing individual ability dependant on age, maturity and development.
* Ensure that all members are aware of, understand and follow the club’s health and safety policy.
* Appoint a competent club member to assist with health and safety responsibilities.
* Ensure that normal operating procedures and emergency operating procedures are in place and known by all members.
* Provide access to adequate first aid facilities, telephone and qualified first aider at all times.
* Report any injuries or accidents sustained during any club activity or whilst on the club premises.
* Ensure that the implementation of the policy is reviewed regularly and monitored for effectiveness.
* **AS A CLUB MEMBER YOU HAVE A DUTY TO:**
* Take reasonable care for your own health and safety and that of others who may be affected by what you do or not do.
* Co-operate with the club on health and safety issues.
* Correctly use all equipment provided by the club.
* Not interfere with or misuse anything provided for your health, safety or welfare.

**CLUB HEALTH AND SAFETY OFFICER:**

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**QUALIFIED FIRST AIDERS:**

**1**………………………………………………………………………………..

**2.** ………………………………………………………………………………..

**SIGNED:** ………………………………………………………………………

**DATE:** …………………………………………………………………………….