



Daisyball

CROSSING THE DIVIDE

POLICY : SCHOOLS

DAISYBALL POLICY



DAISYBALL POLICY

1. Purpose

The purpose of this policy is to ensure the health, safety, and well-being of all Daisyball participants, including learners with special needs, coaches, officials, volunteers, and spectators.

Daisyball is committed to creating a safe, inclusive, and supportive environment for sport.

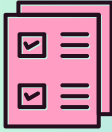
2. Scope

This policy applies to:

- All Daisyball training sessions, matches, and events.
- All staff, volunteers, and participants involved in Daisyball activities.
- All facilities and equipment used for Daisyball.

3. Responsibilities

- **Organizers:** Ensure compliance with health and safety regulations, provide training, and maintain facilities.
- **Coaches & Officials:** Supervise activities, enforce safety rules, and respond to incidents.
- **Participants:** Follow safety instructions, use equipment responsibly, and report hazards.
- **Parents/Guardians:** Support learners in adhering to safety measures and provide medical information.



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4. Health & Safety Measures

4.1 Medical & Participant Safety

- Pre-participation medical screening for all players.
- Emergency medical information collected for each participant.
- Warm-up and cool-down routines required at every session.
- Protective gear provided and maintained.

4.2 Facilities & Equipment

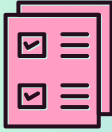
- Regular inspections of playing surfaces and equipment.
- Safe storage and maintenance of Daisyball-specific gear.
- Accessibility modifications for learners with disabilities.

4.3 Emergency Preparedness

- Emergency Action Plan (EAP) in place for injuries, evacuations, or severe weather.
- First aid kits available at all venues.
- At least one staff member trained in first aid present at every event. As well as a medical practitioner, who is in constant contact with ambulance services.
- Clear communication channels (radios/phones) for emergencies.

4.4 Safeguarding & Inclusivity

- Zero tolerance for bullying, discrimination, or unsafe behavior.
- Adapted rules and equipment to ensure participation for learners with Down syndrome, cerebral palsy, autism, and other needs.
- Staff trained in inclusive coaching practices.



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5. Legal & Compliance

- Compliance with South African Occupational Health and Safety Act.
- Insurance coverage for liability and accidents.
- Regular toolbox talks and safety briefings for staff and participants.
- Documentation of incidents and reporting to relevant authorities.

6. Education & Awareness

- Safety induction for all new participants and staff.
- Ongoing training workshops on injury prevention and inclusivity.
- Visible signage for emergency exits, first aid points, and safety rules.

7. Monitoring & Review

- Annual review of this policy by Daisyball leadership.
- Incident reports analyzed to improve safety measures.
- Feedback from participants, parents, and staff incorporated into updates.



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8. Approval

This policy is approved by the Daisyball Organizing Committee and is effective from _____.

9. Signitures

Daisyball coordinator

SMT

SGB

10. Stamps



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Daisyball Indemnity Form

Participant Details:

- Full Name: _____
- Date of Birth: _____
- Address: _____
- Contact Number: _____
- Emergency Contact Name & Number: _____

Acknowledgement of Risk:

I, _____, acknowledge that participation in Daisyball involves physical activity and carries inherent risks of injury. I understand that all reasonable precautions will be taken by organizers, coaches, and staff to ensure safety.

Indemnity and Waiver:

I hereby:

- Consent to my/my child's participation in Daisyball activities.
- Accept full responsibility for any injury, loss, or damage sustained during participation, except where caused by gross negligence of the organizers.
- Indemnify and hold harmless the school/organization, its staff, volunteers, and affiliates against any claims arising from participation.

Medical Consent:

In the event of an emergency, I authorize the organizers to seek medical assistance for me/my child. I accept responsibility for any medical costs incurred.

Declaration:

I have read and understood the Daisyball policy and agree to abide by its rules and guidelines.

Participant/Parent/Guardian Signature: _____

Date: _____



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To ensure that this policy is in line with all the needed requirements, please read through the content and feel free to make suggestions. Suggestions can be submitted via the following link:

<https://docs.google.com/forms/d/e/1FAIpQLSdmdfJnVcZOw2iOuw1h1ueMvhlZQ6Ku-WkER0RjBLiI0L6KQ/viewform?usp=publish-editor>

Your input and cooperation in this project, is highly appreciated.