A close up of a sign

Description automatically generated

COVID-19-Self-Declaration Form (must be completed by athletes, coaches and all those present at the training / event)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1 Do you have symptoms of COVID-19 such as fever, cough, YES \_\_\_\_ NO \_\_\_\_

difficulty breathing (if YES, the participant must return home)

2. Have you been in contact with a person infected with COVID-19 YES \_\_\_\_ NO \_\_\_\_

in the past 14 days?

3. Have you been outside the Atlantic bubble in the past 14 days? YES \_\_\_\_ NO \_\_\_\_

4. I understand that there are risks when traveling and training YES \_\_\_\_ NO \_\_\_\_

during a Pandemic.

I understand that some planned sanctioned trainings/activities may not be able to go ahead, or be cancelled, if there are changes in health restrictions and guidelines put in place by the Provincial/Territorial and/or Federal Governments regarding health guidelines.

In the event that I start to present any of the symptoms mentioned above once training or the competition has begun, I agree to immediately notify my Coach or a Support Staff and I accept that I will need to go to an isolated a room until I can safely leave the training/competition site.

This questionnaire is confidential. However, I consent to Ski NB communicating certain information collected to the appropriate authorities, if necessary.

I have taken note of the sanitary measures in my Club and in Province/Territory. I understand that these measures are put in place to protect the health and safety of everyone. Since zero risk does not exist, I also understand that despite the measures put in place, there remains a risk of contracting COVID-19.

I agree to comply with these measures and all the directives of the Provincial/Territorial and Federal authorities regarding COVID-19 and I accept the risk of participating in sanctioned activities.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_