

COVID-19 Questionnaire and Attestation

I attest that I am not experiencing any symptoms of illness such as a fever, cough, difficulty breathing, shortness of breath or malaise (severe fatigue or feeling of being generally unwell).

If I develop these symptoms, I agree that I will leave the premises immediately and immediately inform the Head Coach of my club and/or Meet Director.

I am aware that I must follow the safety and hygiene protocols of the Province of Saskatchewan, Saskatchewan Public Health Agency, Saskatchewan Athletics, Club Name: _____.

I attest that:

- I have not travelled internationally in the past fourteen (14) days.
- I have not travelled outside the Province of Saskatchewan in the last fourteen (14) days.
- I have not travelled to an area highly impacted by COVID-19 within my Province in the past fourteen (14) days.
- I have not and do not believe that I have been exposed to a person with a confirmed or suspected case of COVID-19 or who has travelled to an area highly impacted by COVID-19 within my Province in the past fourteen (14) days.

I attest that:

- I have not been diagnosed with COVID-19
- OR
- I have been diagnosed with COVID-19 and been cleared as noncontagious by provincial or local public health authorities (confirmation from a medical practitioner will be required and maintained in a confidential file by the organization)

I acknowledge and agree that I will follow recommended guidelines, laws and protocols of the Province of Saskatchewan, Saskatchewan Public Health Agency, Saskatchewan Athletics, Club Name: _____ in order to reduce the spread of COVID-19.

I acknowledge that the foregoing statements are true.

Printed Name of Adult Participant: _____

Date of Birth: _____

Participant's Signature: _____

Organization: _____

PARENTAL ATTESTATION (if participant is under the age of 18)

Name of Participant:

Printed Name of Parent/Guardian: _____

Parent/Guardian Signature _____