



COVID-19 Questionnaire, Attestation and Participant Agreement

Application - all BC Athletics Members (athletes, training, coaches, officials, associates) and family members (“Participants”) of those in attendance at club/training group activities.

I attest that I, or as the case may be my minor child Participant indicated below (collectively “Participant”) 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 Participant develops these symptoms, I agree that Participant will leave the premises immediately and immediately inform Medical Health Officer (or delegate) at your local health authority.

I am aware that Participant must follow the safety and hygiene protocols of the Province of British Columbia, the Provincial Health Officer, the British Columbia Amateur Athletics Association, and BC Athletics Member Club/Training Group.

I attest that:

- Participant has not travelled internationally in the past fourteen (14) days.
- Participant has not travelled outside the Province of British Columbia in the last fourteen (14) days.
- Participant has 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 Participant has been exposed to a person with a confirmed or suspected case of COVID-19.

I attest that:

- Participant has not been diagnosed with COVID-19

OR

- Participant has 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 Participant will follow recommended guidelines, laws and protocols of the Province of British Columbia, the Provincial Health Officer, the British Columbia Amateur Athletics Association, and BC Athletics Member Club/Training Groups in order to reduce the spread of COVID-19.

All Participants of the British Columbia Amateur Athletics Association agree to abide by the following points when entering training facilities and/or participating in club/training group activities under the COVID-19 Response plan and RTP Protocol:

- Participant agrees to symptom screening checks and will let their club/training group know if they have experienced any of the symptoms in the last 14 days.
- Participant agree to stay home if feeling sick and remain home for 14 days if experiencing COVID-19 symptoms.
- Participant agrees to sanitize their hands upon entering and exiting the facility, with soap & water or sanitizer.
- Participant agrees to sanitize the equipment (shared and personal equipment) they use throughout their practice with approved cleaning products provided by the club/training group.
- Participant agrees to continue to follow social distancing protocols of staying at least 2m away from others.
- Participant agrees to not share any equipment during practice times.
- Participant agrees to abide by all of their Clubs/Training Group COVID-19 Policies and Guidelines.
- Participant understands that if they do not abide by the aforementioned policies/guidelines that they may be asked to leave the club/training group for up to 14 days to help protect the participant and others around them.
- Participant acknowledges that continued abuse of the policies and/or guidelines may result in the temporary suspension of their club membership.
- Participant acknowledges that there are risks associated with entering training facilities and/or participating in club/training group activities, and that the measures taken by the club/training group and participants, including those set out above and under the COVID-19 Response Plan and Return to Sport Protocols, will not entirely eliminate those risks.

I acknowledge that the foregoing statements are true.

Adult Participant: Printed Name

Date of Birth: _____

Participant's Signature: _____

Organization: _____

PARENTAL ATTESTATION (if participant is under the age of 19)

Name of Participant:

Printed Name of Parent/Guardian:

Parent/Guardian Signature
