HEALTH DECLARATION  
  
League Name: (League Name)  
Date: October 28, 2020  
  
“By signing next to my name below,

1. I am aware of the symptoms of COVID-19 and other respiratory or communicable illness.
2. I do not currently have any symptoms of COVID-19 or of any other respiratory or communicable illness, and have not had any such symptoms for the past 14 days.
3. I have not been in personal contact with anyone who has COVID-19 or other respiratory or communicable illness for the past 14 days.
4. I have not entered Canada, whether into British Columbia directly, or into British Columbia through another province or territory, after travelling abroad in the last 14 days.
5. To the best of my knowledge, I have not been exposed to COVID-19 or other respiratory or communicable illness in the past 14 days.
6. If I develop any symptoms of COVID-19 or of any other respiratory or communicable illness, I will immediately inform the club/manager/board of my symptoms and on-set so that the club may take all appropriate precautions.
7. I have read and agree to all of the statements set out above.

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| First Name | Last Name | Email | Phone | Time IN | Time OUT |  |
| Player 1 | Player 1 |  |  |  |  |  |
| Player 2 | Player 2 |  |  |  |  |  |
| Player 3 | Player 3 |  |  |  |  |  |
| Player 4 | Player 4 |  |  |  |  |  |
| Player 5 | Player 5 |  |  |  |  |  |
| Player 6 | Player 6 |  |  |  |  |  |
| Player 7 | Player 7 |  |  |  |  |  |
| Player 8 | Player 8 |  |  |  |  |  |
| Etc… |  |  |  |  |  |  |
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