



COVID-19- Self-Declaration Form

(must be completed by athletes, coaches and all those present at the training / event)

NAME: _____ EMAIL: _____

DATE: _____ MOBILE: _____

ROLE: _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT NUMBER: _____

1. Do you have symptoms of COVID-19 such as fever, cough, difficulty breathing (if YES, the participant must return home) YES NO
2. Have you been in close contact with someone who is either currently exhibiting any of the above symptoms or has exhibited any of the above symptoms in the past 14 days? YES NO
3. In the past 14 days have you been in close contact with someone who has a laboratory confirmed or presumptive COVID-19 diagnosis? YES NO
4. Have you been outside the country in the past 14 days? YES NO
5. I understand that there are risks when traveling and training during a Pandemic YES NO

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 Canada Snowboard/PTSA 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 still 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 in regard to COVID-19 and I accept the risk of participating in sanctioned activities.

By attending the Canada Snowboard Event / Program _____
(name of events / workshop / program and location), starting _____ ending
_____ (dates of course), you are attesting that you have not answered 'Yes' to
any of the questions above no the day of the workshop and that you acknowledge that Canada
Snowboard's screening process cannot detect asymptomatic individuals.

Signature : _____