



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) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Have you been in contact with a person infected with COVID-19 in the past 14 days? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Have you been outside the country in the past 14 days? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. I understand that there are risks when traveling and training during a Pandemic | <input type="checkbox"/> YES | <input type="checkbox"/> 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.

Signature : _____