



DAILY COVID-19 ATTESTATION AND AGREEMENT

By signing below, the participant (named below) or the participant's Guardian attests that the they:

1. Do not knowingly have COVID-19;
2. Are not experiencing any known symptoms of COVID-19, such as fever, cough, shortness of breath or malaise.
3. Has not travelled internationally during the past 14 days;
4. Has not frequented a COVID-19 high risk area in the Province/Territory during the last 14 days;
5. Has not, in the past 14 days, knowingly come into contact with someone who has COVID19, who has known symptoms of COVID-19 or is self-quarantining after returning to Canada; and,
6. Has been following Yukon Government recommended guidelines in respect of COVID-19, including practicing physical distancing.

Furthermore, by signing below, the participant or the Participant's Guardian agrees that while attending or participating in the the program, session or attending an event of Heat Yukon Volleyball Club, they:

1. Will follow the laws, recommended guidelines, and protocols issued by the Yukon Government in respect of COVID-19, including practicing physical distancing, and will do so to the best of their ability while attending the Heat Yukon Volleyball Club session(s);
2. Will follow the guidelines and protocols mandated by the Volleyball Yukon and Heat Yukon Volleyball Club in respect of COVID-19;
3. Will, in the event that that they experience any symptoms of illness such as a fever, cough, difficulty breathing, shortness of breath or malaise, immediately:
 - a. Inform the Heat Yukon Volleyball Club; and,
 - b. Depart from the facility immediately.

Print Name: _____ **Date of Birth:** _____
The "Participant" (mm/dd/yyyy)

Print Name: _____
The "Guardian" (if Participant is a minor)

Signature: _____ **Date:** _____
Participant of Guardian for minor (mm/dd/yyyy)



FOR PARTICIPANTS WHO HAVE BEEN DIAGNOSED WITH COVID-19

By signing below, the participant (named below) attests that they have been diagnosed with COVID19, but have been cleared as non-contagious by territorial or local public health authorities and has provided to the competition organizer, in conjunction with this COVID-19 ATTESTATION AND AGREEMENT, written confirmation from a medical doctor of the same.

Participant Print Name:	
Date of Birth:	
Parent/Guardian Print Name: (of participant is a minor)	
Signature of Participant of Guardian for minor:	
Attested on Date:	