

Appendix E - VWFHA Participant Attestation Form

This form is to be completed before every game individually by all participants on each team in a paper or electronic form. The safety officer is responsible for emailing a copy of this completed form to their Club COVID-19 Contact within 24 hours.

VWFHA ATTESTATION FORM

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

1. Does not knowingly have COVID-19;
2. Is not experiencing any known symptoms of COVID-19, such as fever, chills, new or worsening cough, tiredness, shortness of breath, new muscle aches or headache, sore throat or painful swallowing, stuffy or runny nose, loss of taste or smell, loss of appetite, nausea or diarrhea;
3. Has not travelled internationally during the last 14 days and been required by the federal government to quarantine for 14 days;
4. Has not frequented a COVID-19 high risk area in the Province during the last 14 days;
5. Has not, in the past 14 days, knowingly come into contact with someone who has COVID-19, who has known symptoms of COVID-19, or is self-quarantining after returning to Canada; and
6. Has been following 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 VWFHA events or attending at the VWFHA facilities, the Participant:

1. Will follow the laws, recommended guidelines, and protocols issued by the Government of the Province in respect of COVID-19, including practicing physical distancing, and will do so to the best of the Participant's ability while participating in the VWFHA events or attending at the VWFHA facilities;
2. Will follow the guidelines and protocols mandated by the VWFHA in respect of COVID-19;
3. Will, in the event that the Participant experiences any symptoms of illness such as a fever, cough, difficulty breathing, shortness of breath or malaise, immediately:
 - a. inform their team coach or safety officer; and
 - b. depart from the facility

FOR PARTICIPANTS WHO HAVE BEEN DIAGNOSED WITH COVID-19

By signing below, the Participant (named below) or the Participant's Guardian attests that the Participant has been diagnosed with COVID-19, but been cleared as noncontagious by provincial or local public health authorities and has provided to the VWFHA, in conjunction with this VWFHA Participant Attestation Form, written confirmation from a medical doctor of the same.

PRINT NAME: _____
the "Participant"

DATE OF BIRTH: _____
(mm/dd/yyyy)

PRINT NAME: _____
the "Guardian"

SIGNATURE: _____
Participant or Guardian for minor

DATE: _____
(mm/dd/yyyy)