



## Mariners Volleyball Club Health Declaration Form

Participant's Name (print): \_\_\_\_\_

Participant's Parent/Guardian \_\_\_\_\_  
(if the Participant is under the age of majority – 19 years old).

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mariners Volleyball Club requires disclosure of exposure or illness in order to safeguard the health and safety of all participants and limit the further outbreak of COVID-19.

I, the undersigned being the Participant or the Participant's Parent/Guardian (if the Participant is under the age of majority), hereby acknowledge and agree to follow health protocols in the MVC RTP and agree to the terms outlined in this document:

### In the last 14 days:

- 1) The MVC participant, or anyone in the Participant's household, has **not** displayed COVID-19 symptoms, nor been diagnosed with COVID-19.
- 2) The MVC participant has **not** been in close contact with anyone diagnosed with lab confirmed COVID-19, nor anyone with COVID-19 symptoms.
- 3) The MVC participant has **not** lived, worked or socialized in a setting that is part of a COVID-19 exposure, cluster or outbreak, as deemed by public health.
- 4) The MVC participant or an immediate household member has **not** been advised to self-isolate or quarantine at home by public health.
- 5) The MVC participant, nor any member of the participant's household, has **not** returned from travel outside of Canada, returned from travel from an area within Canada that is deemed a COVID-19 travel risk/restriction by public health or returned from travel on an airplane outside of BC.

### I disclose that I **do not** have any of the following COVID-19 symptoms:

Fever	Runny nose/nasal congestion	Nausea and/or vomiting
Cough	Loss of sense of smell/taste	Diarrhea
Shortness of breath	Sore throat or painful swallowing	Muscle aches or fatigue
Headache	Loss of appetite	Chills

In the event I start to show any of the identified COVID-19 symptoms above, I must leave the court/gym or self-isolate at home and notify my coach, club and public health authorities.

The Participant consents to disclosing the above information in this Declaration of Health and Compliance and also consents to MVC collecting their personal information for the purposes of risk management and contact tracing during the COVID-19 pandemic.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Participant

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian if under the age of majority – 19 years old)