



Declaration of Health DECLARATION OF COMPLIANCE – COVID-19

Participant's Name (print): _____

Participant's Parent/Guardian: _____
(if the Participant is under the age of majority)

Email: _____

Telephone: _____

Volleyball BC and its affiliated Clubs (collectively the "Organization") 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. This Declaration of Compliance will be kept safely, and personal information will not be disclosed unless as required by law or with your consent.

A Participant (or the Participant's parent/guardian, if the Participant is under the age of majority) who is unable to agree to the terms outlined in this document is not permitted to participate in the Organization's activities, programs, or services at this time.

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 the terms outlined in this document.

Status of updates: Current as of January 5, 2022

Status: Fully Vaccinated

Scenario 1: I have COVID-19 or symptoms of COVID-19

Start self-isolation right away. Remember the date when you first had symptoms.

If you have SYMPTOMS

- Figure out if you need to get tested [LINK](#)
- If testing is not recommended...
 - Self-isolate until you feel well enough to return to regular activities (without the use of medicines... ex. Tylenol or Advil)
- If testing is recommended...
 - Follow through with the test and continue to self-isolate until you get your test results and follow instructions from public health.

If you test POSITIVE

- Self isolate for at least 5 days since the start of your symptoms.
- Wear a mask and avoid high risk settings for an additional 5 days after ending isolation.

If you test NEGATIVE

- Self-isolate until your symptoms improve and you feel well enough to return to regular activities.
- If you were identified as a close contact and need to self-isolate, you still need to complete your self-isolation.

Scenario 2: I am a Close Contact

Self-monitor for symptoms for 14 days after being exposed to a person with COVID-19. Self-isolate for the length of time identified by public health (if any) based on your level of exposure and vaccination status.

How long to self-isolate as a close contact?

- If you are **fully vaccinated** you will not need to self-isolate unless advised differently by public health.
- If you have had a **positive COVID-19 test** in the last 3 months you will not need to self isolate unless advised differently by public health.

Get tested if you develop any [symptoms of COVID-19](#) (and follow Scenario 1 protocols)

Scenario 3: I travelled outside of Canada

If you are a fully vaccinated traveller check the Government of Canada's [Quarantine or Isolation guidance](#) to see if you need to quarantine or self-isolate after returning to Canada. [Learn more](#).

Status: Unvaccinated or Partially Vaccinated

Scenario A: I have COVID-19 or symptoms of COVID-19

Start self-isolation right away. Remember the date when you first had symptoms.

If you have SYMPTOMS

- Figure out if you need to get tested [LINK](#)
- If testing is not recommended...
 - Self-isolate until you feel well enough to return to regular activities (without the use of medicines... ex. Tylenol or Advil)
- If testing is recommended...
 - Follow through with the test and continue to self-isolate until you get your test results and follow instructions from public health.

If you test POSITIVE

- Self isolate for at least 10 days since the start of your symptoms.
- Public health will let you know if you need to self-isolate for more than 10 days.

If you test NEGATIVE

- Self-isolate until your symptoms improve and you feel well enough to return to regular activities.
- If you were identified as a close contact and need to self-isolate, you still need to complete your self-isolation.

Scenario B: I am a Close Contact

You are required to self-isolate for 10 days from the day you last had contact with the person who has COVID-19, even if you do not have symptoms.

In addition to the 10 days of self-isolation, you should not visit friends or relatives who are at higher risk for severe COVID-19 for 14 days after you were last exposed to COVID-19.

- Participation in all Organization related activities will be considered “higher risk” for unvaccinated or partially vaccinated individuals. A 14 day absence from all programming commencing from the day you last had contact with the person who has COVID-19 is required.

Get tested if you develop any [symptoms of COVID-19](#) (revisit Scenario A protocols)

Scenario C: I travelled outside of Canada

If you are a fully vaccinated traveller check the Government of Canada’s [Quarantine or Isolation guidance](#) to see if you need to quarantine or self-isolate after returning to Canada. [Learn more](#)



Additional...

- The Participant is following recommended guidelines, including but not limited to, practicing physical distancing, trying to maintain separation of six feet from others, frequent handwashing, and otherwise limiting exposure to COVID-19.
- The Participant will follow the safety, physical distancing and hygiene protocols of the Organization as outlined on the Organization's website.

This document will remain in effect until the Organization, per the direction of the provincial government and provincial health officials, determines that the acknowledgements in this Declaration of Compliance are no longer required or applicable (as indicated by new Provincial Health Office updates or Federal updates).

The Organization may remove the Participant from participation in the activities, programs or services of the Organization at any time and for any reason if the Organization believes, in its sole discretion, that the Participant is no longer in compliance with any of the terms described in this document. Athletes removed from programming are not eligible for a refund.

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

Signature: _____ Date: _____
Participant

Signature: _____ Date: _____
(Parent/Guardian if under the age of majority)