**Okanagan Valley Field Hockey Association**

**COVID-19 Questionnaire and Attestation**

**COVID-19:**

• is a highly infectious virus with a latent period of transmissibility during which time apparently healthy people can be infectious

• is potentially fatal

• affects people of all ages

By participating in/at City services and facilities, I will be at risk of contracting COVID-19 despite any precautions taken by me or City staff. It is my responsibility, not that of program or facility staff, to understand my current health and limitations and to take appropriate additional precautions as required. I must also understand that if infected, I could be at risk of transmitting the virus to others and that this might occur before my own sickness has become evident. I acknowledge the contagious nature of the COVID-19 virus and the public health authority’s preventative measures to reduce the spread. I further acknowledge the terms and conditions, guidelines and requirements that the City of Kelowna has put in place to mitigate risk to rental/league participants, members of the public and staff.

I attest that I am not experiencing any symptoms of illness such as a fever, cough, difficulty breathing, shortness of breath or malaise (severe fatigue or feeling of being generally unwell).

If I develop these symptoms, I agree that I will leave the premises immediately and immediately inform [insert individual who has oversight of compliance (designated activity leader)].

I am aware that I must follow the safety and hygiene protocols of British Columbia, the BC Public Health Agency, Field Hockey BC, and OVFHA.

I attest that:

* I have not travelled internationally in the past fourteen (14) days.
* I have not travelled outside the Province of British Columbia in the last fourteen (14) days.
* I have not travelled to an area highly impacted by COVID-19 within my Province in the past fourteen (14) days.
* I have not and do not believe that I have been exposed to a person with a confirmed or suspected case of COVID-19.

I attest that:

* I have not been diagnosed with COVID-19

OR

* I have been diagnosed with COVID-19 and been cleared as noncontagious by provincial or local public health authorities (confirmation from a medical practitioner will be required and maintained in a confidential file by the organization)

I acknowledge and agree that I will follow recommended guidelines, laws and protocols of British Columbia, the BC Public Health Agency, Field Hockey BC, and OVFHA in order to reduce the spread of COVID-19.

I acknowledge that the foregoing statements are true.

Date of Activity Session: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adult Participant: Printed Name

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Field Hockey BC Registration Number (must be current): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENTAL ATTESTATION (if participant is under the age of 19)

Name of Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Parent/Guardian:

Parent/Guardian Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_