



### Participant Agreement

Application - all athletes, coaches, members, volunteers, participants, family members of participants and spectators while in attendance at club activities (“Participants”)

All Participants of PMFSA agree to abide by the following points when entering club facilities and/or participating in club activities under the COVID-19 Response plan and RTP Protocol:

- I agree to symptom screening checks and will let PMFSA know if I have experienced any of the symptoms in the last 14 days.
- I will not attend any PMFSA activities if I have been directed to self-isolate by Public Health.
- I agree to stay home if feeling sick and remain home for 14 days if experiencing COVID-19 symptoms or until a diagnosis of COVID-19 is ruled out by health authorities.
- I agree to self-isolate and monitor symptoms for 14 days if I have travelled outside of Canada.
- I agree to sanitize my hands upon entering and exiting the facility, with soap or sanitizer.
- I agree to sanitize the equipment I use throughout my practice with approved cleaning products provided by the club (shared and personal equipment).
- I agree to report to the PMFSA Health Screener if I am experiencing symptoms of COVID-19.
- I agree to follow physical distancing protocols of staying a minimum of 2m away from others. When physical distancing is not possible, I agree to wear a face mask.
- I agree to not share any equipment during practice times.
- I agree to abide by the PMFSA COVID-19 Policies and Guidelines.
- I understand that if I do not abide by the aforementioned policies/guidelines, that I may be asked to leave the club for up to 14 days to help protect myself and others around me.
- I acknowledge that continued abuse of the policies and/or guidelines may result in a temporary suspension of my PMFSA membership.
- I acknowledge that there are risks associated with entering PMFSA facilities and/or participating in PMFSA activities, and that the measures taken by PMFSA and participants, including those set out above and under the COVID-19 Response Plan and Return to Sport Protocols, will not entirely eliminate these risks.
- I understand 911 will be called if I become severely ill (e.g., difficulty breathing, chest pain)

Name of participant: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of parent/guardian: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_