



VILFHA FALL 2020 Participant Attestation Form

Please give this form to Safety Officer at entrance to turf before each playing session. Individuals will not be able to participate without providing this signed form.

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

If I develop these symptoms, I agree that I will leave the premises immediately and immediately inform VILFHA President Kirsten Duncan 250 661-3197.

I am aware that I must follow the safety and hygiene protocols of British Columbia, The BC Public Health Agency, Field Hockey BC, and Vancouver Island Ladies Field Hockey (VILFHA)

I attest that:

I have not been diagnosed with COVID-19

OR

I have been diagnosed with COVID-19 and have 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 Vancouver Island Ladies Field Hockey in order to reduce the spread of COVID-19.

I acknowledge that the foregoing statements are true.

Date of Activity: _____

Name: _____

Date of Birth _____

Address _____

Phone number _____

Email _____

Signature _____

Date Signed _____

Under – 19 yrs Parent/Guardian Attestation

Name of Parent/Guardian _____

Parent/Guardian Signature _____