



Daily Screening & Agreement

By signing below, the Participant (named below) or the Participant’s Guardian attests that the Participant:

1. Does not knowingly have COVID-19.
2. Is not experiencing any known symptoms of COVID-19, such as:
 - Fever •Cough (new cough or worsening chronic cough) •Runny Nose •Sore Throat
 - Shortness of Breath or difficulty breathing (new or worsening)* •Painful Swallowing
 - Stuffy Nose •Headache or Chills •Feeling Unwell in general •New Fatigue •Muscle or Joint Aches (not due to the resumption of physical exertion & volleyball activity)
 - Severe Exhaustion •Gastrointestinal Symptoms (nausea, vomiting, diarrhea or unexplained loss of appetite) •Loss of Smell or Taste •Conjunctivitis (commonly known as pink eye).
3. The participant has not travelled outside of Canada during the past 14 days.
4. The participant has not had close contact* with a confirmed case of COVID-19 in the last 14 days.
5. The participant has not had close contact with a symptomatic** close contact of a confirmed case of COVID-19 in the last 14 days

*Face-to-face contact within 2 metres. A health care worker in a occupational setting wearing the recommended personal protective equipment is not considered to be a close contact.

**Ill/symptomatic means someone with COVID-19 symptoms on the list above.

Furthermore, by signing below, the Participant or the Participant’s Guardian agrees that while attending or participating in volleyball, related activities and events in facilities, the Participant:

1. Will follow the laws, recommended guidelines, and protocols issued by the Government of the Alberta in respect of COVID-19, including practicing physical distancing, and will do so to the best of the Participant’s ability while participating in volleyball, related activities and events.
2. Will follow the guidelines and protocols mandated by Volleyball Alberta in respect of COVID-19.
3. Will follow the guidelines and protocols established by the facility being used for volleyball, related activities, and events.
4. Will, in the event that the Participant experiences any symptoms of illness such as a fever, cough, shortness of breath or difficulty breathing, runny nose, or sore throat, immediately:
 - a. Inform a representative of the Organization.
 - b. Go to an identified isolation area apart from other participants and prepare to depart from the event and/or facility.

FOR PARTICIPANTS WHO HAVE BEEN DIAGNOSED WITH COVID-19

By signing below, the Participant (named below) or the Participant or the Participant’s Guardian attests that the Participant has been diagnosed with COVID-19, but been cleared as noncontagious by provincial or local public health authorities and has provided to the Organization, in conjunction with this COVID-19 Daily Screening & Agreement, written confirmation from a medical doctor of the same.

Print Name: _____ Date of Birth: _____
the “Participant” (mm/dd/yyyy)

Print Name: _____
The “Guardian” (if Participant is a minor)

Signature: _____ Date: _____

Participant or Guardian for minor

(mm/dd/yyyy)