**PLAYER COVID-19 SELF DECLARATION & CONSENT FORM**

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| **Name of player** |  |
| **Name of parent** |  |

I/we declare that I/we have not:

* self-isolated or been advised to self-isolate in the last 14 days;
* been in close proximity to someone who has been infected by COVID-19 in the last 14 days, to the best of my knowledge and belief;
* I am not classified as extremely vulnerable on health grounds

To the best of my knowledge and belief, I / my child does not currently have COVID-19 or any related symptoms.

I understand that the nets supervisor will attempt to maintain a physical distance of two metres from me / my child during the course of the session and will take every other reasonable precaution.

I understand that I/we are attending the nets at our own risk and the Boyne Hill CC will not be responsible/liable for any injuries / accidents that occur during my nets session.

I hereby provide my consent for me / my child to attend nets at Boyne Hill CC.

|  |  |
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| **Signed** |  |

|  |  |
| --- | --- |
| **Name (please print)** |  |

|  |  |
| --- | --- |
| **Date** |  |