

# PARTICIPANT AGREEMENT:

All Participants of THE WINFIELD FIGURE SKATING CLUB must agree to abide by the following points when entering club facilities and/or participating in club activities under the COVID-19 Response plan and Protocol:

- I agree to symptom screening checks and will let my club know if I have experienced any of the symptoms of Covid-19 infection in the last 14 days.
- I agree to stay home if feeling sick and to remain home for 14 days if experiencing COVID-19 symptoms.
- I agree to stay home and self-isolate for 14 days if someone in my household has returned from travel outside Canada within the last 14 days.
- I agree to clean my hands with soap or sanitizer upon entering and exiting the facility.
- I agree to continue to follow social distancing protocols and stay at least 2meters away from others.
- I am aware that all parents/guardians/spectators and participants (except children), should wear a mask in the hallways, dressing rooms, and spectator areas, but understand participants do not need to wear a mask while skating.
- I agree to not share any equipment during practice times.
- I agree to abide by all of my Club's rules, COVID-19 Policies and Guidelines.
- I understand that if I do not abide by the aforementioned rules/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 suspension of my club membership.
- I acknowledge that there are risks associated with entering club facilities and/or participating in club activities, and that the measures taken by the club and participants, including those set out above and under the COVID-19 Response Plan and Return to Sport Protocols, will not entirely eliminate those risks.

Participant's Name: \_\_\_\_\_ Date of Birth (D/M/Y): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Participant's Signature: \_\_\_\_\_ Date Signed (D/M/Y): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**\*All participants must sign this form regardless of age of the participant\***

Parent/Guardian Name(s): \_\_\_\_\_ / \_\_\_\_\_

Parent/Guardian Signature(s): \_\_\_\_\_ / \_\_\_\_\_

**\*Parent/Guardian must also sign if participant is under the age of 19\***

Date Signed (D/M/Y): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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## Emergency Contact Details

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone number(s): \_\_\_\_\_