



COVID-19 RISK INFORMED CONSENT (page 1 of 2)

To be complete by the athlete with a parent, if the athlete is under 18 years of age to be completed by the first aider/athletic therapist.

Participants Name:	
Club:	West Carleton Wolverines Football Club
Age Group:	

		Yes	No
1	Did you have close contact with anyone with acute respiratory illness or travelled outside of Canada in the past 14 days?		
2	Do you have a confirmed case of COVID-19 or have had close contact with a confirmed case of COVID-19 without wearing appropriate PPE?		
3	Do you have any of the following symptoms?		
	• New onset of cough		
	• Worsening chronic cough		
	• Shortness of breath		
	• Difficulty breathing		
	• Sore throat		
	• Difficulty Swallowing		
	• Decrease of loss of sense of taste or smell		
	• Chills		
	• Headaches		
	• Unexplained fatigue/malaise/muscle aches (myalgias)		
	• Nausea/vomiting, diarrhea, abdominal pain		
	• Pink eye (conjunctivitis)		
• Runny nose/nasal congestion without other known cause			
		Player's Initials	Parent's Initials
4	If you answered "yes" to any of these questions, you should: <ul style="list-style-type: none"> • not attend the practice/game; • self-isolate for at least 14 days; • complete the Ontario Government's self-assessment; and • contact your family physician, local medical officer of health or Telehealth Ontario. 		



COVID-19 RISK INFORMED CONSENT *(continued; page 2 of 2)*

I _____ (Athlete) understand that I am practicing or playing in an activity sponsored by the [West Carleton Wolverines Football Club](#) (Club/Association).

We are currently permitting those athletes to participate in this activity. This waiver form must be signed and returned to [West Carleton Wolverines Football Club](#) (Club/Association) with an acknowledgement from [West Carleton Wolverines Football Club](#) (Club/Association) before any use of the facilities is made.

Individuals who have travelled outside of Canada within the previous 14 days or who are sick or who have been in contact with someone who is suspected of having Covid-19 must not use the facilities or participate.

This access may be withdrawn at any time based on health agency recommendations.

I, _____ (Parent/Guardian) give permission for my child to participate in the _____ (Event) at _____ sports facilities on _____ (Date).

I am aware that my child will be using the facilities at his/her own risk and I will ensure that my child and I will use hand sanitizer upon arrival and departure. I confirm that my child has not travelled outside of Canada for the past 14 days and has not been in contact with anyone who is suspected of having COVID-19.

I will sign in upon my arrival with the First Aider/Athletic Therapist before each event. If I am a minor, my parent/guardian will be acknowledging on my behalf.

SIGNED: _____

PARENT/GUARDIAN NAME: _____

DATED: _____