

RHP COVID-19 SELF-DECLARATION FORM FOR FACILITY ACCESS

RHP is excited to have its clients back on the ice. To ensure the safety of our members, staff, and hockey community, we ask that you complete this **form for yourself and your athlete** prior to entering our facility. Anyone who has not completed the form will be denied access to the facility.

Instructor Name: _____

Rental/session Date: _____

Rental/session Time: _____

Player's Name: _____

Parent / Guardian's Name: _____

Player / Guardians's Signature: _____

Emergency Contact Phone #: _____

Please circle or indicate Yes or No:

1. Are you or your athlete currently experiencing any of these issues, severe difficulty breathing, severe chest pain, feeling confused or unsure of where you are, losing consciousness? If yes call 911.

Yes or No

2. Are you or your athlete currently experiencing any of these symptoms? (not related to seasonal allergies or other known causes or conditions)

Fever	Chills	Cough	Barking cough	Shortness of breath
Sore throat	Difficulty swallowing		Runny nose	Stuffy or congested nose
Pink eye	Lost sense of taste or smell	Headache		Digestive issues
Muscle aches	Extreme tiredness	Falling down often		Sluggishness or lack of appetite

None of the above

3. Have you, your athlete or anyone in your household been outside of Canada in the past 14 days?

Yes or No

4. Have you, your athlete or anyone in your household been exposed to anyone diagnosed with the COVID-19 virus in the past 14 days?

Yes or No

5. I have read and understand RHP's COVID-19 Procedures _____ Initials