

TUCKER HOCKEY

Mandatory COVID - 19 Self - Declaration Form for Facility / On Ice Program Daily Access Player

To ensure the health and safety of our on ice participants, on ice instructors, off ice / rink staff and community at large, we ask that each parent complete this form for their child(ren) prior to entering the arena "for the start of each week of programs" to attend your scheduled Tucker Hockey On Ice Sessions.

Note: All players will need to hand in this completed form on the "FIRST DAY" prior to the start of each ice program. Forms will be collected as the players enter the arena. Any player that does not have a completed form when they arrive at the arena will be denied access to our on ice program. Changes to any of the below answers during the duration of the program must be emailed ASAP to programs@tuckerhockey.com

Note: A Tucker Hockey Administrator - either Candace or Marcela - will collect your form at the arena entrance.

There shall be NO EXCEPTION to this rule.

Program Name:
Session Date:
Session Time:
Name of Arena:
Player's Name:
Parent's Signature:
Emergency Contact Phone #:

COVID – 19 ALBERTA HEALTH DAILY REQUIRED CHECKLIST:

Please indicate **YES** or **NO** to the following questions:

- 1. I and/or my child/children are experiencing any symptom of illness such as (Continued on next page):
- Fever
- Cough

- Shortness of breath or difficulty breathing
- Sore throat
- Chills, repeated shaking with chills
- Painful swallowing
- Runny Nose / Nasal Congestion
- Feeling unwell /Fatigued
- Nausea / Vomiting / Diarrhea
- Unexplained loss of appetite
- Loss of sense of taste or smell
- Muscle / joint aches
- Head ache
- Conjunctivitis (commonly known as pink eye)

YES or NO

2: I and/or my child/children attending the program / session have traveled outside Canada within the last 14 days?

YES or NO

3: I and/or my child/children have had close "unprotected" contact (face to face contact within 6 feet / 2 meters without wearing a facial mask) with someone who has traveled outside Canada in the last 14 days and who is ill?

YES or NO

4: I do believe I and/or my child/children attending this session/program had close "unprotected" contact (face to face within 6 feet / 2 meters without wearing a facial mask) in the last 14 days with someone who is ill?

YES or NO

5: I and/or my child/children or anyone in my household or a guardian who been in close "unprotected" contact (face to face within 6 feet / 2 meters without wearing a facial mask) in the last 14 days with someone who is being investigated or confirmed to be a case of Covid- 19?

YES or NO

Note: Tucker Hockey shall not be responsible for a credit or a makeup ice session due to a non compliance with this **Mandatory Self Declaration Requirement.** However, we will provide a credit to those players who are not feeling well and who need to stay home.

Please stay home if you have any of the above symptoms listed in Question 1.