

## COVID-19 Declaration

By completing this form, you declare that the information is correct to the best knowledge of your and the young person attending.

Name of Young Person: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Do you believe that you currently have, or may have had Covid-19 in the last 14 days?

Yes / No (delete as appropriate)

Have you had any of the following symptoms in the past 14 days?

- High Temperature over 37.5
- A new continuous cough
- Shortness of breath
- Loss of sense of taste or smell
- None of the above

Have any members of your immediate family (or those you have been in contact with) displayed any of the above symptoms in the past 14 days?

Yes / No (delete as appropriate)

Have you returned to Northern Ireland / Republic of Ireland (delete as appropriate) from any other country in the last 14 days?

- Yes / No (delete as appropriate)

If YES, please state which country you have returned from: \_\_\_\_\_

I understand that some additional measures will be implemented during activities to reduce the risk of transmission and improve the safety of participants and staff.

Yes / No (delete as appropriate)

**To support this staff will have the right to implement:**

- Social distancing
- Limited numbers, or staggering of participation
- Use of face masks where deemed appropriate by guidelines and risk assessments.
- Hand washing and sanitising regularly.
- The curtailment, restriction, or closure of any event where it is deemed the risk of transmission is high.
- The exclusion of anyone they deem to be displaying symptoms or not subscribing to the above measures.

Whilst the above list is not exclusive it is an indication of some of the guidelines that are likely to be implemented.

Does the person attending have any medical condition or disability that would mean they could not wear a facemask if required?

Yes / No (delete as appropriate)

Signed (Parent/Guardian): \_\_\_\_\_

Print Name (Parent/Guardian): \_\_\_\_\_ Date: \_\_\_\_\_