



COVID 19 SCREENING and WAIVER

🍏 Belmont Arena

🍏 Port Stanley Arena

Current Temperature:

Parent/Guardian: _____	Child/Participant 1 (same family) _____	Child/Participant 2 (same family) _____
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Are you currently experiencing any COVID – 19 Symptoms? This includes fever, chills, coughing, shortness of breath, sore throat, difficulty swallowing, runny or stuffy nose, lost sense of taste or smell, headache, muscle aches, extreme tiredness, or digestive issues like nausea/vomiting, diarrhea, stomach pain.

Parent/Guardian 🍏 Yes 🍏 No	Child/Participant 1 🍏 Yes 🍏 No	Child/Participant 2 (same family) 🍏 Yes 🍏 No
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Have you travelled outside of Canada in the lasts 14 days?

Parent/Guardian 🍏 Yes 🍏 No	Child/Participant 1 🍏 Yes 🍏 No	Child/Participant 2 (same family) 🍏 Yes 🍏 No
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Have you been in close contact with someone who has returned from outside of Canada with new COVID-19 symptoms? (e.g. a cough, fever or difficulty breathing?)

Parent/Guardian 🍏 Yes 🍏 No	Child/Participant 1 🍏 Yes 🍏 No	Child/Participant 2 (same family) 🍏 Yes 🍏 No
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Have you been in close contact with someone who is currently sick with new COVID-19 symptoms (e.g. a cough, fever, or difficulty breathing?)

Parent/Guardian 🍏 Yes 🍏 No	Child/Participant 1 🍏 Yes 🍏 No	Child/Participant 2 (same family) 🍏 Yes 🍏 No
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WAIVER/RELEASE: The undersigned agrees that, in using the facilities at the Municipality of Central Elgin he/she does so entirely at their own risk and hereby releases the Municipality of Central Elgin, its staff and suppliers from any and all claims associated with the use of the facilities, particular with respect to potential exposure to any virus or pathogen including COVID-19.

Date:	Name (Participant 1) Signature_____	Age (if under 18)
	NAME (Participant 2 same family)	Age (if under 18)
	NAME GUARDIAN (if applicable) Signature_____	Phone Number

