

WCI Practice/Games/Events Declaration Form

WCI is focused on the well-being of its players, families and coaches that attend WCI practices and venues. In view of the novel coronavirus/COVID-19 outbreak, we are taking precautionary measures to keep our practice place safe. Before entering our practices, games and events, please complete this form.

PLEASE NOTE: If you are currently feeling unwell or suffering from any symptoms such as fever, chills, cough, or shortness of breath, you must postpone your visit to our premises.

Basic Information

Name _____
Organization _____
Contact Number _____ Email _____

Questionnaire

Question# 1: The purpose of your visit?

Answer:

Question# 2: Are you feeling sick or have you been diagnosed with COVID-19?

Yes ; No

Question# 3: Within the last 14 days, have you been in direct contact with anyone who has been diagnosed as infected with, or is suspected to have been exposed to the coronavirus/COVID-19?

Yes ; No

Question# 4: Have you been told by a health official that you (or a family member) have or have been exposed to COVID-19?

Yes ; No

Signature

Date