

COVID-19 CONSENT FORM: Arashi Do Martial Arts

Member name: _____

Parent/Guardian name: _____

I understand the coronavirus causes the disease known as COVID-19. I understand that the coronavirus has a long incubation period during which carriers of the virus may not show symptoms and still be contagious. _____ (Initial)

I do not have any of the following symptoms of COVID-19 as identified by Alberta Health: (Initial each)

Fever (38 C or above)	_____
Cough	_____
Sore Throat	_____
Shortness of Breath	_____
Difficulty Breathing	_____
Flu-like Symptoms	_____
Runny Nose	_____
Pink Eye	_____

I confirm that I am not currently positive for the coronavirus; or waiting on the results of a laboratory test for coronavirus. _____ (Initial)

I have not been identified as a contact of someone who has tested positive for the coronavirus or been asked to self-isolate by Alberta Health or any other health agency or health professional. _____ (Initial)

I understand Alberta Health recommendations to maintain physical distancing of at least 2 metres (6ft) and that it is not always possible to maintain this distance while receiving technical advice and training within your cohort group. _____ (Initial)

I verify that I have not returned from any country outside of Canada whether by car, plane, bus or train within the last 14 days. _____ (Initial)

I verify the information I have provided on this form is truthful and accurate. I knowingly and willingly consent to martial arts instruction during the COVID-19 pandemic. _____ (Initial)

Signature of Student/Parent/Guardian

Date

Printed Name (first & last) _____