

DAILY COVID-19 ATTESTATION AND AGREEMENT

K-W Youth Basketball Association Vipers (the "Organization")

By signing below, the Participant (named below) or the Participant's Guardian attests that the Participant:

1. Does not knowingly have COVID-19;
2. Is not experiencing any known symptoms of COVID-19, such as fever, cough, shortness of breath or malaise;
3. Has not travelled internationally during the past 14 days;
4. Has not frequented a COVID-19 high risk area in the Province during the last 14 days;
5. Has not, in the past 14 days, knowingly come into contact with someone who has COVID-19, who has known symptoms of COVID-19, or is self-quarantining; and
6. Has been following government recommended guidelines in respect of COVID-19, including practicing physical distancing.

Furthermore, by signing below, the Participant or the Participant's Guardian agrees that while attending or participating in the Organization's events or attending at the Organization's facilities, the Participant:

1. Will follow the laws, recommended guidelines, and protocols issued by the Government of the Province in respect of COVID-19, including practicing physical distancing, and will do so to the best of the Participant's ability while participating in the Organization's events or attending at the Organization's facilities;
2. Will follow the guidelines and protocols mandated by the Organization in respect of COVID-19;
3. Will, in the event that the Participant experiences any symptoms of illness such as a fever, cough, difficulty breathing, shortness of breath or malaise, immediately:
 - a. inform a representative of the Organization; and
 - b. depart from the event or facility.
4. The Participant (named below) or the Participant's Guardian will make the Vipers Coordinator (*coachqwu@hotmail.com*) aware if the Participant and/or the Participant's Guardian (present at try-outs) become symptomatic and test positive for COVID-19 within 14 days of attending/participating in Vipers try-outs.

FOR PARTICIPANTS WHO HAVE BEEN DIAGNOSED WITH COVID-19

By signing below, the Participant (named below) or the Participant's Guardian attests that the Participant has been diagnosed with COVID-19 but has been cleared as noncontagious by provincial or local public health authorities.

Print Name: _____
the "**Participant**"

Print Name: _____
The "**Guardian**" (if Participant is a minor)

Signature: _____
Participant or Guardian for minor

Date: _____
(mm/dd/yyyy)

"Source: Daily COVID-19 Attestation and Agreement provided by Ontario Basketball Association (OBA); August XX, 2020."