

Return to Baseball Plan

COVID 19 ASSOCIATION QUESTIONNAIRE AND ATTESTATION

Before commencing any baseball activities, the association is responsible for ensuring all individuals complete the attestation below. All individuals participating in any baseball activities must fill out and submit this form to their association within 24 hours of their program start date. All subsequent health checks must be completed via the AHS Contact Tracing Log.

___ 1. "No" to the following COVID Symptoms: - Fever - Shortness of breath - Chills - Sore throat - Cough - Difficulty swallowing - Barking cough/croup - Runny nose

___ 2. "No" to having been in contact with or cared for someone with COVID-19 in the past 14 days.

___ 3. "No" to having been on a trip outside of Canada in the past 14 days.

___ 4. "No" to having stayed at home in the past two weeks due to being sick. IF it is a NO to all the above, you are free to participate in practice. If yes to any of the above, you need to isolate for 14 days before returning to train. Non-Essential Self-Travel Report:

_____ I do declare I travelled outside of the province of Alberta in the last 7 days. Please self-report if you have been out of province in the past 7 days and indicate the details of the travel below:

1. Location of Travel: _____

2. Duration of Trip: _____

Adult Participant (**PRINT NAME HERE**): _____

Date of Birth: _____

Participant's Signature: _____

Organization: _____

PARENTAL ATTESTATION (if participant is under the age of 18)

Name of Participant:

Printed Name of Parent/Guardian: _____

Parent/Guardian Signature

