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**SOFTBALL SASKATCHEWAN DECLARATION OF COMPLIANCE – COVID-19**

Participant’s Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(if the Participant is younger than 18 years old)

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Softball Saskatchewan and its affiliated Associations/Leagues (collectively the “Organization”) requires disclosure of exposure or illness in order to safeguard the health and safety of all participants and limit the further outbreak of COVID-19.

Circle One

1. In the past 14 days, has the Participant received a positive COVID-19 test result?
2. In the past 14 days, has the participant experienced any of the following new symptoms that are not attributed to another health condition: Cough, Loss of Smell or Taste, Runny Nose, Shortness of Breath, Sore Throat
3. In the past 14 days, has the Participant been exposed to a person with an active confirmed or suspected case of COVID-19?
4. In the past 14 days, has the Participant or any member of the Participant’s household traveled to or had a lay-over in any other country?
5. Does the Participant agree to follow the safety and physical distancing guidelines and protocols put in place by the Organization and agree that they may be removed from participation at any time and for any reason?

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(participant OR parent/guardian if the participant if younger than 18 years old)

YES NO

YES NO

YES NO

YES NO

YES NO

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_