



Williams Lake Youth Soccer Association

#207 - 369 Oliver Street
Williams Lake, BC V2G 1M4
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www.wlysa.com admin@wlysa.com

Participant Agreement

All players, coaches, members, volunteers, participants, and family member of the participants while in attendance of WLYSA activities are called “Participants” throughout this agreement.

All Participants of Williams Lake Youth Soccer Association agree to abide by the following points when entering the Esler Soccer facilities and/or participating in WLYSA activities under the COVID-19 Response Plan and Return to Play Protocol:

- I agree to symptom screening checks, and will let WLYSA know if I have experienced any of the symptoms in the last 14 days.
- I agree to stay home if sick, and remain home for 14 days if experiencing COVID-19 symptoms.
- I agree to sanitize my hands upon entering and exiting the Esler Soccer Complex, with soap or sanitizer.
- I agree to sanitize the equipment I use throughout my practice with approved cleaning products provided by the WLYSA (shared and personal equipment).
- I agree to continue to follow social distancing protocols of staying at least 2m away from others.
- I agree to not share any equipment during practice times.
- I agree to abide by all of the WLYSA COVID-19 Policies and Guidelines.
- I understand that if I do not abide by the aforementioned policies/guidelines, that I may be asked to leave the WLYSA activities for up to 14 days to help protect myself and others around me.
- I acknowledge that continued abuse of the policies and/or guidelines may result in suspension of my WLYSA membership temporarily.
- I acknowledge that there are risks associated with entering the Esler Soccer Complex and/or participating in the WLYSA activities, and that the measures taken by the WLYSA and participants, including those set out above and under the COVID-19 Response Plan and Return to Sport Protocols, will not entirely eliminate those risks.

I understand that I should not participate or enter the Esler Soccer Complex if:

- I do not feel well or are displaying symptoms of COVID-19
- Someone in my household has COVID-19 or is showing symptoms of COVID-19
- I have traveled outside of Canada in the last 14 days
- Someone in my household has traveled outside of Canada within the last 14 days.

Name of Participant

Signature of Participant

Name of Parent/Guardian if Participant if a minor

Signature of Parent/Guardian

Date