



TORONTO DRAGONS RFC
the "Organization"

DAILY COVID-19 ATTESTATION AND AGREEMENT

This form must be completed and submitted prior to entry and use of any facility owned or operated by Rugby Canada and any of its agencies, contractors or equivalent provincial sports organizations (collectively, the "Organization"). The Participant or their legal guardian, must attest to the questions below:

1. I attest to the fact that I/the participant or anyone in my household does not have 1 or more of these new or worsening symptoms today or in the last 5 or 10 days. Fever >37.8° C. Cough. Difficulty breathing. Decrease or loss of taste / smell.
 - a. Yes
 - b. No
2. I attest to the fact that I/the participant or anyone in my household does not have 2 or more of these new or worsening symptoms today or in the last 5 days. Sore throat. Feeling very tired. Runny nose/ nasal congestion. Muscle aches/joint pain. Nausea, vomiting or diarrhea.
 - a. Yes
 - b. No (if you have one of the above symptoms stay home until symptoms improve for at least 24 or 48 hours if nausea/vomiting/diarrhea).
3. I attest to the fact that I/the participant or anyone in my household has not tested positive for COVID-19 today or in the last 5 days (on a rapid antigen test or PCR test) or have been told to stay home and self-isolate.
 - a. Yes
 - b. No
4. I attest to the fact that in the last 5 days the I/ the participant has not been notified as a close contact of someone with COVID-19 or received a COVID Alert notification.
If the person does not live with you AND you are fully vaccinated or public health has told you that you do not need to self-isolate, select "No"
 - a. Yes
 - b. No
5. I attest to the fact that I/the participant have not in the last 14 days, travelled outside of Canada.
 - a. Yes (And have completed any federal quarantine travel regulations)
 - b. No
6. I attest that I/the participant will follow the laws, recommended guidelines, and protocols issued by my Provincial Government in respect of COVID-19, including practicing physical distancing, and will do so to the best of my ability while participating in the Organization's events or attending at the Organization's facilities.
 - a. Yes
 - b. No
7. I attest that I/the participant will follow the guidelines and protocols mandated by the Organization in respect of COVID-19
 - a. Yes
 - b. No
8. I attest that I/the participant will, in the event that I/ the participant experience 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. immediately depart from the event or facility
 - a. Yes
 - b. No
9. I attest that I/the participant have been previously diagnosed with COVID-19
 - a. Yes
 - b. No

10. (Only answer if answered Yes to Q9) I attest that I have been cleared from being previously diagnosed with COVID-19 as noncontagious by provincial or local public health authorities.
- a. Yes
 - b. No

Furthermore, the Participant or their legal guardian, must attest to the questions below agreeing to follow the guidelines while attending or participating in the Organization's events or attending the Organization's facilities:

- 1. I attest that I/the participant will follow the laws, recommended guidelines, and protocols issued by my Provincial Government in respect of COVID-19, including practicing physical distancing, and will do so to the best of my ability while participating in the Organization's events or attending at the Organization's facilities;
- 2. I attest that I/the participant will follow the guidelines and protocols mandated by the Organization in respect of COVID-19;
- 3. I attest that I/the participant will, in the event that I/ the participant experience any symptoms of illness such as a fever, cough, difficulty breathing, shortness of breath or malaise, immediately:
 - a. inform a representative of the Organization.
 - b. immediately depart from the event or facility

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 been cleared as noncontagious by provincial or local public health authorities and has provided to the Organization, in conjunction with this COVID-19 ATTESTATION AND AGREEMENT, confirmation.

Print Name: _____ **Date of Birth:** _____
the "**Participant**" (mm/dd/yyyy)

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

Signature: _____ **Date:** _____
Participant or Guardian for minor (mm/dd/yyyy)

Complete the online response form using this QR code.

Questions about collection of personal information on this form can be directed to minis@torontodragonsrugby.ca

