

Health Declaration and Policy Compliance Form

McBride OMAC Taekwondo

In an ongoing effort to keep our Dojang safe, we require all participants to fill out the following Declaration Form.

Student Full Name: _____

Parent / Guardian Full Name: _____

Email Address: _____

Cell Phone Number: _____

Have you or anyone in your household traveled outside of Canada in the past 14 days?

Yes No

In the last 14 days, have you had contact with someone who has had symptoms such as a cough and/or fever, or been diagnosed with COVID-19?

Yes No

Have you or anyone in your household had any of the following symptoms in the past 14 days?*

- Fever / Temperature above 100 degrees F
- Cough and/or sore throat
- Respiratory illness and/or difficulty breathing
- I have experienced NO symptoms

I hereby undertake to inform McBride OMAC Taekwondo if, in the next few days, I find any health conditions related to Coronavirus/COVID- 19

I hereby agree to abide by the training policies of McBride OMAC Taekwondo

I hereby agree that the above declarations made are accurate and true

I hereby agree that any false declaration made in this form or any failure to abide by the above noted requirements may be subject to disciplinary action as needed. This could include suspension, or expulsion as authorized by McBride OMAC Taekwondo

Date: _____

Signature of Student: _____

Signature of Parent / Guardian (if minor): _____