



Self - Declaration

Event name and location: _____

Full name: _____

Club: _____

Age group and weight class: _____

14 days prior to your travel to the event		YES	NO
1	In the past 2 weeks (14 days) have you had any of the following symptoms: fever, cough, sudden loss of taste or smell, sore throat, difficulty breathing or shortness of breath, diarrhoea, vomiting, fatigue, muscle pain (not related to physical activity)?		
2	Have you been in contact with someone experiencing these symptoms in the last 2 weeks (14 days)?		
3	Have you been in contact with someone in the past 2 weeks (14 days) who has tested positive for COVID-19?		
4	Have you been in contact with someone in the past 2 weeks (14 days) who is awaiting the result of a COVID-19 screening test?		
		YES	NO
4	Have you ever been COVID-19 positive?		
5	Please, provide the date of your first positive test. Please, use dd/month/yyyy format.	__/____/____	
6	Please confirm the brand of vaccine you received. And at what date?		

I hereby declare on my honour that if any of the above symptoms occur, at any point during my stay or travel, I will duly and immediately inform the competition director, who shall then inform the Local Organising Committee's COVID-19 Manager. I understand that if I have not provided accurate information or if I do not follow the **Covid Protocol and restrictions for the event** that I will be removed from the event and subject to disciplinary action.

Signature*:

Print name*:

Date:

Athlete / parent*

*Consenting parent: parent, caretaker, authorised person to sign a consent on behalf of a minor.