



Shuswap Minor Lacrosse Association

PO Box 1106
Salmon Arm, BC
V1E 4P2



Pride

Integrity

Respect

Appendix B - Participant Agreement

The “Participant” includes athletes, coaches and volunteers

All Participants of Shuswap Minor Lacrosse Association practices and events agree to abide by the following points when entering facilities and/or participating in activities under the COVID19 Response, Return to Play Plan:

- I agree to verbal symptom screening checks and I will let Shuswap Minor Lacrosse Association know if I am having or have experienced any of the following symptoms in the last 14 days.
- I acknowledge that I do not have any of the following COVID-19 symptoms:
 - Severe difficulty breathing (e.g. struggling to breathe or speaking in single words)
 - Severe chest pain
 - Having a very hard time waking up
 - Feeling confused
 - Losing consciousness
 - Mild to moderate shortness of breath
 - Inability to lie down because of difficulty breathing
 - Chronic health conditions that you are having difficulty managing because of difficulty breathing
 - Fever, chills, cough, shortness of breath, sore throat, loss of sense of smell, headache, muscle aches, fatigue, diarrhea or loss of appetite
- I agree to stay home if feeling sick, and remain home for 14 days if experiencing any COVID-19 symptoms.
- I agree to sanitize my hands upon entering and exiting the facility, with soap or sanitizer.
- I agree to continue to follow physical 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 organizations COVID-19 Policies and Guidelines.
- I understand that if I do not abide by the aforementioned policies/guidelines that I will be asked to leave the practice and events for up to 14 days to help protect others and myself.



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- I acknowledge that continued abuse of the policies and/or guidelines will result in a suspension from practices and events
- I acknowledge that there are risks associated with entering facilities and/or participating in sport and activities, and that the measures taken by the organization and participants will not entirely eliminate those risks.

By signing below, you agree that you are the parent/guardian of the player being registered and have full legal responsibility for the decisions of said player, and that you have read this Agreement and agree to be bound by this Agreement.

Players name: _____

Date: _____

Parent/Guardian name: _____

Signature: _____

Please print