

PARTICIPANT AGREEMENT

Agreement for Club-Associations and Ringette BC Excellence Ringette and Team BC athletes.

Agreement will need to be signed by a parent or guardian if the participant is under the age of 18 years.

Application of Agreement:

All athletes, coaches, members, volunteers, participants and family members of participants while in attendance at club activities ("Participants")

All Participants of ______ agree to abide by the following points when entering club facilities and/or participating in club activities under the COVID-19 Response plan and RTP Protocol:

- I acknowledge that there are risks associated with entering club facilities and/or participating in club activities, and that the measures taken by the club 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 agree to symptom screening checks, and will let my club know if I have experienced any of the symptoms in the last 14 days.
- I agree to stay home if feeling sick, and remain home for 14 days if experiencing COVID-19 symptoms.
- I will provide a doctor's note upon my return to ringette following self-isolation and understand failure to provide a note could result in not being eligible to participate.
- I agree to continue to follow social distancing protocols as outlined in the Return to Play Guidelines of Ringette BC and Club Association.
- I agree to not share any equipment during practice times.
- I agree to abide by all of my Club-Association 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 club 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 club membership temporarily.

Date Signed: ______ Name of Participant: ______

Signature of Participant: _____

Name of Parent or Guardian if under 18 years of age: _____

Signature of Parent or Guardian if under 18 years of age: _____

Association Administrator use only

- 1. Date of Receipt of Agreement form:
- 2. Received by:_____

Our Values: Community Focus, Integrity, Partnership, Respect, Sportsmanship