



COVID-19 Self-Declaration Form
Simons Valley Hockey Association

To ensure the health and safety of our skaters, staff and community, we ask that you complete this form prior to entering the Arena facility for each session. Anyone who has not completed the form will be denied access to the facility as per facility guidelines.

Date/Time/Arena: _____

Participant Name: _____

Emergency Contact Phone #: _____

Parent (Guardian) Signature: _____

Please circle to indicate Yes or No to the following questions:

1. Do you feel flu like symptoms or sick today?
Yes / No
2. Have you or anyone in your household been outside of Canada in the past 14 days?
Yes / No
3. Have you or anyone in your household experienced any cold or flu-like symptoms in the last 14 days?
Yes / No
4. Have you or anyone in your household been exposed to anyone with flu like symptoms or diagnosed with the COVID-19 virus in the last 14 days?
Yes / No