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- I have been diagnosed with COVID-19 and been cleared as noncontagious by provincial or local public health authorities (confirmation from a medical practitioner will be required and maintained in a confidential file by the organization)

I acknowledge and agree that I will follow recommended guidelines, laws and protocols of British Columbia, the BC Public Health Agency, Field Hockey BC, and [Richmond Field Hockey Club] in order to reduce the spread of COVID-19.

I acknowledge that the foregoing statements are true.

Date of Activity Session: _____

Adult Participant: Printed Name

Date of Birth: _____

Participant's Signature: _____ Date: _____

Organization: _____

PARENTAL ATTESTATION (if participant is under the age of 19)

Name of Participant: _____

Printed Name of Parent/Guardian: _____

Parent/Guardian Signature

_____ Date: _____

