



**YACHTING MALTA
BSC REGATTA 2021
13-15 February**



COVID-19 CONTACT TRACING FORM

This form has to be duly filled in by competitors, coaches, team leaders, support person and any person forming part of the regatta organization.

Competitor or Support Person	
Name:	
Surname:	
Contact Phone No.:	
Sailing Club Member of:	
Sail Number:	
Accommodation during Regatta (in case of Maltese resident, list your home address)	
Father, Mother or Guardian Passport No. Or Identity Card No.	
Name:	
Surname:	
Contact Phone No.	

The undersigned declares:

- I. That he/she fully understood the mitigation protocol measures and shall abide to these measures at all times during the regatta.
- II. To stay home or current accommodation in case of feeling ill or other symptoms related to COVID-19.
- III. To contact the regatta race office as soon as COVID-19 symptoms start to appear, immediately leaves the regatta venue and returns home or to current accommodation.
- IV. That he/she did not have direct contact with persons that have been diagnosed COVID- 19 positive in the last fourteen (14) days prior to the regatta.
- V. That the phone number he/she had given is valid and can be easily reached if required.
- VI. To accept the fact that the regatta venue cannot guarantee to be fully COVID-19 secure and thus taking full responsibility on the possible consequences of taking part in this regatta.

Signed in (Place): Date:/...../.....

Signature:

N.B. Parent/Coach/Guardian's signature is required for competitors under eighteen (18) years of age.