Little Socks Gymnastics - Safe & Well form & Consent for Contact coaching

COVID19 - Health Declaration

In order to attend todays gymnastics session you need to review and agree to the following

statements on behalf of your child.

a) I have no symptoms of COVID19

> cough

> temperature

>loss of taste

b) I have not been in direct contact or in the immediate vicinity of any person with COVID19

c) I have not tested positive for COVID19

I have read & understood the above declaration and confirm that I will inform Little Socks Gymnastics if anyone in our family group later show any signs/symptoms of COVID19

**d) I agree that my child may receive contact coaching following the BG guidelines and Little Socks updated risk assessment. YES NO**

Name of person completing form:……………………………………………………………….

Name of gymnast:…………………………………………………………………………………

Contact address & number………………………………………………………………………

Date:………………………………………………………………………………………………..

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