



LETTERKENNY BLAZE – COVID-19 COMPLIANCE CONSENT FORM

Consent Form to be returned to Team Coach before or at the first training session back

Player Name:	
Team:	
Parent/Guardian Name (s):	
Parent/Guardian Contact Number:	

I _____ (parent/guardian) give permission to _____ (player) to return to training with Letterkenny Blaze Basketball Club.

I/We have read the club return to train protocols and the Basketball Ireland Return to Sport Covid Safety Statement and agree to abide by the most recent version of these for each training session with Letterkenny Blaze Basketball Club.

I understand that a player cannot attend **any** training session if

- He/she has any symptom of COVID-19 now or in the 14 days prior to training session (high temperature $\geq 38^{\circ}$, new and persistent cough, loss of smell/taste).
- He/she has been diagnosed with confirmed or suspected Covid19 infection in the last 14 days.
- He/she has been a close contact of a person with any confirmed or suspected case of COVID19 in the 14 days prior to any training session (i.e. less than 2m for more than 15 minutes accumulative in 1 day).
- He/she has travelled internationally in the 14 days prior to any training session. Notification of travel details must be given to team covid-19 officer.

I declare that the answers above are correct as of the date below and I will inform the relevant Team Covid Officer of any changes prior to attending any future training sessions.

Signature Player :		Date:	
Signature Parent/Guardian:		Date:	

Your co-operation in ensuring we all work together to provide a safe return to training and games is essential and is greatly appreciated.