



BWC COVID-19 Self-Declaration Form for Facility Access

BWC is excited to have its Members back on the ice. To ensure the safety of our Members, staff, and hockey community, we ask that you complete this form prior to entering the BWC facilities. Anyone who has not completed the form will be denied access to the Club's facility.

Instructor Name: _____

Rental Date: _____

Rental Time: _____

Player's Name: _____

Parent's Signature: _____

Emergency Contact Phone #: _____

Please circle or indicate Yes or No:

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