



Pre-Play Health Status Confirmation (COVID-19)

All ICTA players must confirm their health status prior to participating at the ICTA Championships on September 18 at the Aviva Centre facilities by signing the statement below.

I understand that if I am not able to confirm any part of the below statement on September 18, 2021, I will not be permitted to participate in the day's activities.

STATEMENT:

- I confirm that I have not been diagnosed by a health practitioner as having COVID-19 (this does not include people who have completely recovered from COVID-19 and have been symptom-free for 14 days)
- I confirm that my temperature is below 38 degrees Celsius and I am not experiencing any of the following symptoms: a new onset or worsening of a cough, shortness of breath, difficulty breathing, sore throat, hoarse voice, difficulty swallowing, loss of taste or smell, runny nose/sneezing, nasal congestion, chills, muscle aches, diarrhea, malaise, or headache. (If you do not own a thermometer, you can confirm that you do not feel feverish.)
- I confirm that I have not been asked to isolate at this time by Government authorities
- I confirm that, to the best of my knowledge, within the last 14 days, I have not been in "close contact" with anyone who has been diagnosed with COVID-19.
 - Close contact is defined by Health Canada as being within 2 metres (6 feet) of an individual with diagnosed COVID-19 for a "prolonged period of time" or having direct contact with infectious body fluids of a person with COVID-19, such as being coughed/sneezed on, without the appropriate use of recommended personal protective equipment.
 - You can use 15 minutes as a reasonable gauge for what is a prolonged period of time.

Print Name: _____

Signature: _____

Date: _____



INTERCOUNTY TENNIS ASSOCIATION ANNUAL TOURNAMENT

PARTICIPANT WAIVER FORM

This Waiver must be signed by the Participant or Parent/Guardian of Participant (if participant is under 18 years old) for the InterCounty Tennis Association (ICTA) Tournament.

WAIVER

The undersigned acknowledges and agrees to assume all risk for bodily injury (including any injury caused by exposure to COVID-19), waive all claims for injury and property damage and release and hold harmless the ICTA, Tennis Canada, Ontario Tennis Association, its management and partners, the participating players and volunteers from any liability for personal injury and property loss or damage whether occurring prior to, during or subsequent to the ICTA Annual Tournament, and consents and grants permission to the ICTA, Tennis Canada, Ontario Tennis Association, the organizers of this tournament or its or their respective officers, agents, required) any photography, videotape or other electronic recording device of my image taken, filmed or recorded during, or in connection with, my participation in this ICTA sanctioned tournament, for any promotional, news or other purpose.

I understand the nature of this event and the inherent risks of participating in such an event.

Team name, league and division _____

Name of Participant (Please print)

Name of parent/guardian (Please Print)

Signature of Participant

Signature of Parent/Guardian

Date: _____

PERSON TO BE CONTACTED IN CASE OF EMERGENCY:

Name: _____

Home Phone # _____

Cell or alternative Phone # _____