

Perth Hills Triathlon Club COVID Attendance Register

Date: _____

Venue: _____

Session type: _____

Time: _____

Coach: _____

Sheet: _____ **of** _____

By completing this register, I declare that I have not ever been diagnosed with COVID-19 (unless subsequently cleared by a doctor) and that in the last 14 days I have not travelled interstate or overseas nor had contact with a person who has. I am not suffering cold or flu-like symptoms, sore throat, high temperature, difficulty breathing, a dry cough, headache or loss of sense of taste or smell. In the event that I should develop the above symptoms, test positive for COVID-19 or become aware that I have come into contact with a person who has COVID-19 I will notify the club as soon as practicable. I consent to the Club keeping this declaration, my contact information and other records as necessary and sharing them with others for the purpose of contact tracing or as directed by health authorities.

Name	Declaration Completed	Payment Collected	Signature