FIJLKAM TRAINING CAMP MAY 2021

DECLARATION OF HONOUR FORM

Club/Delegation: _____
Nation: _____
Name: _____
Date of Birth: _____
Consenting parent* for minors: _____

Have you noticed any of the following symptoms within the last 14 days?

Body temperature of over 37,5°C:	□ YES	□ NO
Dry cough:	□ YES	□ NO
Sore throat:	□ YES	□ NO
Shortness of breath:	□ YES	□ NO
Vomiting and/or diarrhoea:	□ YES	□ NO
Sudden onset of articular and/or muscle pain:	□ YES	□ NO
Fatigue without known cause:	□ YES	□ NO
Problems in taste and/or smell:	□ YES	□ NO

In the last 14 days, were you in close contact with someone with declared Covid19 infection?

□ YES □ NO

□ I understand that participation is only possible in case all questions above are answered with "NO".

□ I have answered all questions truthfully and understand that any violation against these guidelines will be subject to disciplinary action, even legal consequences might be faced.

□ I DECLARE that I shall at all times abide by any instructions given to me by the Local Organizing Committee or other Public Health official in connection with the prevention of disease. I understand that restrictions may be changed due to necessity or to observe local laws on public health, and in case any such change of restrictions should affect my participation, I waive all rights for damages or other compensation.

Date _____ Signature _____

*Delegate/Consenting parent**

Consenting parent: parent, caretaker, authorized person to sign a consent on behalf of a minor.*