



Vancouver Racquets Club

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• WEB: www.vrc.bc.ca

DECLARATION

Date: _____

Member Name: _____

Name of Parent/Guardian: _____
(if the member is under age 16)

I declare that I have read, understand, and agree to the Vancouver Racquets Club Protocols and Guidelines as outlined on their website, which may be updated from time to time.

In addition, by signing this form, I declare that I will not attend the Club if I have the following:

- 1) I have travelled outside of Canada or had close contact with anyone that has travelled outside of Canada in the past 14 days.
- 2) I have had close contact with anyone with a confirmed or probable case of COVID-19.
- 3) I have any COVID-19 symptoms, such as new or worsening cough, shortness of breath, sore throat, runny nose, sneezing or nasal congestion, hoarse voice, difficulty swallowing, new smell or taste disorder(s), nausea/vomiting, diarrhea, abdominal pain, unexplained fatigue/malaise, chills, fever, headache, or new muscle ache.

Member Signature (or parent/guardian if member is under age 16):
