



Vancouver Racquets Club

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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 follow 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:

- 1) I do not 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.
- 2) In the 5 days prior to attending the Club:
 - a. I have not been diagnosed with COVID-19.
 - b. I have not had close contact with someone with an active case of COVID-19 or with someone who is required to be in isolation.

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