**BOWLING & SPORTS CLUB LTD**

**OUTDOOR SECTION**

**SELF DECLARATION FORM**

1. I DECLARE THAT I HAVE NOT HAD ANY SYMPTOMS RELATED TO COVID 19 IN THE LAST 14 DAYS.
2. I DECLARE THAT IF ANY MEMBER OF MY HOUSEHOLD OR MY WORK COLLEAGUES DEVELOP SYMPTOMS RELATED TO COVID 19, THAT I WILL SELF ISOLATE FROM THE CLUB FOR AT LEAST 14 DAYS AFTER BEING SYMPTOM FREE. I AGREE THAT I WILL THEN NEED TO COMPLETE A NEW SELF DECLARATION FORM.
3. I AGREE TO ABIDE BY THE RULES AND REGULATIONS THAT HAVE BEEN SET OUT IN THE INFORMATION SHEET AND THAT I WILL OBSERVE SOCIAL DISTANCING GUIDELINES AND DISINFECTION REGULATIONS RELATED TO THE EQUIPMENT AND CLUB SURFACES THAT I MAY CONTACT. THESE WILL INCLUDE CLUB MATS, JACKS AND SEATING.
4. I WILL AGREE TO ONLY USE THE GREEN IF I HAVE BOOKED THE RINK VIA THE CLUB BOOKING SYSTEM AND THAT I WILL LEAVE THE CLUB PROMPTLY AT THE END OF THE SESSION.
5. I UNDERSTAND THAT THE CLUBHOUSE WILL NOT BE OPEN AND THAT IF I NEED TO USE THE BATHROOM (ONLY IN EMERGENCIES) THAT I WILL DISINFECT ALL SURFACES THAT I HAVE COME INTO CONTACT WITH.
6. I UNDERSTAND THAT IF I DO NOT ADHERE TO THESE GUIDELINES THAT I MAY BE REFUSED PERMISSION TO PRACTISE.

**BY SIGNING THIS FORM, I HAVE AGREED TO ALL THE TERMS AND CONDITIONS SET ABOVE**

NAME (PRINT): …………………………………………………….

SIGNATURE …………………………………………………….. DATE. / / 2020