Visiting Team – Player/Coach Consent Form

By signing below you are giving consent that you agree with the measures the club has put in place to manage any risks, including its Covid-19 measures in line with current Government guidance.

A copy of the club's risk assessment/management documentation is attached to this email and can also be found on our club website.

If you have had Covid-19, or symptoms for more than seven days, you must seek medical approval from your family doctor before you can restart any football activity.

Name of Club		
Name of Player/Coach/Club Official	**Signature**	**Contact Number**

Self-screen declaration – by signing this you are confirming that:

a) **You have no symptoms of the COVID-19 infection.**
b) **If after visiting you suffer any of these symptoms you will notify us by emailing – buckinghamathleticfc@outlook.com**

NB: if under age of 18 confirmed by a parent or guardian

A high temperature (above 37.8oC)	
A new continuous cough	
Shortness of breath	
A sore throat	
Loss of or change in normal sense of taste or smell	
Feeling generally unwell	
Been in close contact with/living with a suspected or confirmed case of COVID-19 in the previous two weeks	