



APPENDIX G

DECLARATION BY PLAYERS, SUPPORT STAFF AND OFFICIALS BEFORE RESUMING TRAINING

I, ..... (full names and surname),  
a member of .....(Association/Club/Academy/Team),  
from (insert residential address), .....

and with the following contact details:

..... (cell phone number)

..... (e-mail address)

Declare that,

- To the best of my knowledge, I am currently free from the COVID-19 virus,
- I have not had any symptoms of COVID-19 such as in the 14 days immediately before the resumption of training:  
Cough, Sore throat, Shortness of breath, Fever (body temperature of 37.5 degrees or more), Loss of smell, Loss of taste, Diarrhoea, Nausea & vomiting, Chills, Body pains and Headaches
- I have not been in contact with a COVID-19 confirmed or suspected case in the 14 days immediately before the resumption of training, or
- I confirm that I do not fall into any of the following high-risk categories: Over the age of 60 and/or have pre-existing medical conditions such as asthma, chronic lung conditions, hypertension, autoimmune disease, organ transplants, cancer, immunocompromised, obesity (BMI over 40) and liver or kidney disease conditions.

To comply with the Regulations and the Directions pertaining to contact tracing, I herewith provide the contact details of a person or persons living in the same residence (as indicated above) as me.

\_\_\_\_\_ (full name and relationship),

\_\_\_\_\_ (Contact details) and

\_\_\_\_\_ (Minor parents/guardian full names and relationships)

\_\_\_\_\_ (contact details)

\_\_\_\_\_  
Signature player/support staff/official/coach

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature parent/gaurdian