



CAMBRIDGE PARK BOWLING & SPORTS CLUB LTD

INDOOR 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 WITH WHICH I HAVE 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 UNLESS ATTENDING ONE OF THE BLOCK-BOOKED MORNING ROLL-UP SESSIONS
5. I AGREE TO SIGNING IN FOR THE PURPOSE OF THE NHS TRACK & TRACE SYSTEM AND UNDERSTAND THE FORMS WILL BE DESTROYED 21 DAYS LATER.
6. I UNDERSTAND THAT LIMITED FACILITIES ARE AVAILABLE IN THE CLUBHOUSE THAT IF I NEED TO USE THE BATHROOM AND CHANGING ROOM, THAT I WILL DISINFECT ALL SURFACES THAT I HAVE COME INTO CONTACT WITH.
7. 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