



COVID-19 Screening

Miracle League of Ottawa – Covid-19 Screening and Assumption of Risk Form

The Miracle League of Ottawa has established measures such that each person participating in our on-site activities can do so safely as possible, in accordance with the most up-to-date available health protocols. No matter how careful the Miracle League of Ottawa and all participants are, there remains a risk of Covid-19 transmission at any public gathering and sporting events. As a first step, we require that each and every athlete, parent or legal guardian, and anyone who is planning to attend any event at our facility, first complete and submit a separate screening and assumption of risk form, no sooner than 24h prior to their arrival.

All answers are required

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| Name of athlete participating in, or attending Miracle League of Ottawa activities? | |
| Parent/Legal Guardian's name completing this form? | |
| What is your email address? | |
| What is your phone number? | |
| Have you, the athlete participating, or anyone in your household, tested positive for Covid-19, or been in close contact with anyone that has tested positive for Covid-19, or who is otherwise sick or unwell within the last 14 days? | <input type="radio"/> Yes <input type="radio"/> No |
| Have you, the athlete participating, or anyone in your household, returned from travel outside of Canada within the last 14 days. | <input type="radio"/> Yes <input type="radio"/> No |
| Have you, that athlete participating, or anyone in your household, experienced any of the following symptoms within the last 14 days? | <input type="radio"/> Fever <input type="radio"/> New onset of cough <input type="radio"/> Shortness of breath <input type="radio"/> Difficulty breathing <input type="radio"/> Sore throat <input type="radio"/> Difficulty swallowing <input type="radio"/> Decrease/loss of smell/taste <input type="radio"/> Chills <input type="radio"/> Headaches <input type="radio"/> Unexplained fatigue/malaise/muscle aches <input type="radio"/> Nausea/vomiting, diarrhea, abdominal pain <input type="radio"/> Pink eye <input type="radio"/> Runny nose/nasal congestion without other known cause. |



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| Are you taking any medication that may mask any of the listed symptoms? | <input type="radio"/> Yes <input type="radio"/> No |
| If you or the participating athlete is 70 years of age or older, have you experienced any of the following symptoms within the last 14 days? | <input type="radio"/> Delirium <input type="radio"/> Unexplained or increased number of falls <input type="radio"/> Acute functional decline <input type="radio"/> Worsening or chronic conditions |
| Are you aware of the recommendations and restrictions in this community regarding gathering size, hand and respiratory hygiene, and the use of face coverings and masks? | <input type="radio"/> Yes <input type="radio"/> No |
| Are you following these recommendations and restrictions regularly? | <input type="radio"/> Yes <input type="radio"/> No |

Please read the following statements carefully and check the box if you agree.

I confirm that neither myself nor the athlete participating has been advised by a medical doctor that my or the athlete participating's physical condition prevents us from participating in or attending the Miracle League of Ottawa's activities

I agree

I have been provided with and have reviewed the Miracle League of Ottawa's Covid-19 Return to Play protocol:

[Miracle%20League%20of%20Ottawa%20Covid%2019%20waiver.docx](#)

I agree

I am aware that participating in the Miracle League of Ottawa's activities includes certain risks, including the transmission of Covid-19, and agree to accept those risks as a condition of participation.

I agree