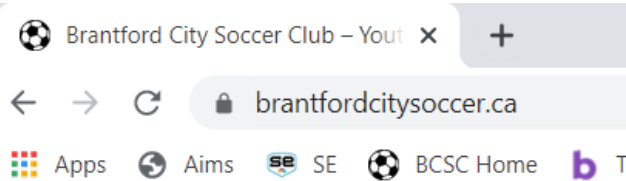


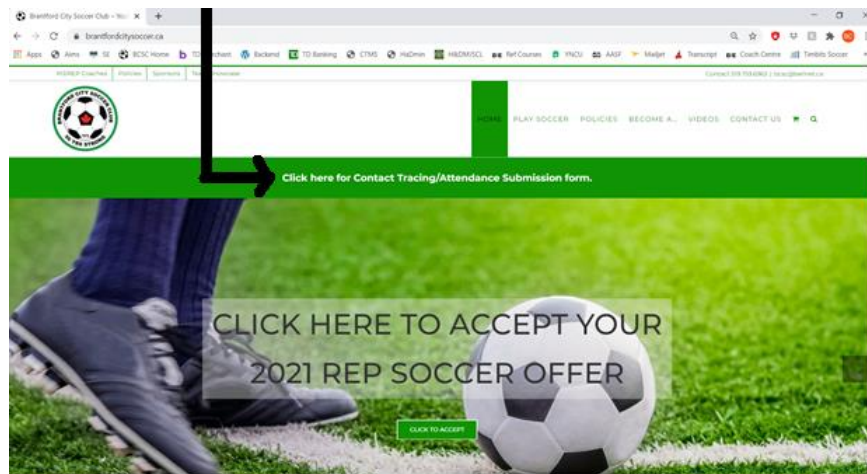
HOW TO COMPLETE THE NEW: COVID-19 SYMPTOM CHECKLIST & ATTENDANCE SHEET (FOR CONTACT TRACING)

*****THIS PROCESS MUST BE COMPLETED PRIOR TO EACH SOCCER FUNCTION*****

STEP 1: Navigate to www.brantforcitysoccer.ca



STEP 2: Using your cursor select "Click here for contact Tracing/Attendance Submission Form"



STEP 3: Complete the entries for the first name and last name of players attending along with the phone number to reach said player

COMPLETION OF THIS ENTRY IS MANDATORY FOR EACH AND EVERY SESSION

By completing this Contract Tracing/Attendance entry I agree that the player, myself and all other spectators have completed the covid-19 symptom checklist below and have answered no to all questions.

Player Attending *

Albert Einstein
First Last

Player Phone Number *

(555) 555-5555

Spectators Attending
Click the + button to add additional rows as needed.

First Name **Last Name**
Pauline Koch

Date of Soccer Event *
08/13/2020

Scheduled Start Time of Event * **Scheduled End Time of Event ***
6:00 PM 7:00 PM

Place of Soccer Event *
Name of Soccer Field or Park
D'Aubigny

Symptoms Checklist *
"I agree that the named player and named spectators have answered no to all symptoms on the checklist below."
 Yes

protected by reCAPTCHA

STEP 4: Enter the First and Last Name of Spectators attending. If more than one person is attending please select the (+) icon to add the additional spectators information

COMPLETION OF THIS ENTRY IS MANDATORY FOR EACH AND EVERY SESSION

By completing this Contract Tracing/Attendance entry I agree that the player, myself and all other spectators have completed the covid-19 symptom checklist below and have answered no to all questions.

Player Attending *

Albert Einstein
First Last

Player Phone Number *

(555) 555-5555

Spectators Attending
Click the + button to add additional rows as needed.

First Name **Last Name**
Pauline Koch (+)

Date of Soccer Event *
08/13/2020

Scheduled Start Time of Event * **Scheduled End Time of Event ***
6:00 PM 7:00 PM

Place of Soccer Event *
Name of Soccer Field or Park
D'Aubigny

Symptoms Checklist *
"I agree that the named player and named spectators have answered no to all symptoms on the checklist below."
 Yes

protected by reCAPTCHA

STEP 5: Select the Date of Soccer Event from the drop down calendar and enter the Scheduled Start Time of Event and the Scheduled End Time of Event along with the Place of Soccer Event.

COMPLETION OF THIS ENTRY IS MANDATORY FOR EACH AND EVERY SESSION

By completing this Contract Tracing/Attendance entry I agree that the player, myself and all other spectators have completed the covid-19 symptom checklist below and have answered no to all questions.

Player Attending *

Albert Einstein
First Last

Player Phone Number *

(555) 555-5555

Spectators Attending
Click the + button to add additional rows as needed.

First Name **Last Name**
Pauline Koch (+)

Date of Soccer Event *
08/13/2020

Scheduled Start Time of Event * **Scheduled End Time of Event ***
6:00 PM 7:00 PM

Place of Soccer Event *
Name of Soccer Field or Park
D'Aubigny

Symptoms Checklist *
"I agree that the named player and named spectators have answered no to all symptoms on the checklist below."
 Yes

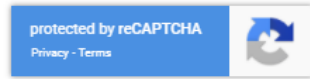
protected by reCAPTCHA

STEP 6: Scroll down and conduct the COVID-19 checklist for all players and spectators in attendance

Symptoms Checklist *

"I agree that the named player and named spectators have answered no to all symptoms on the checklist below."

Yes



SAVE

COVID-19 SYMPTOMS CHECKLIST

PLAYERS/COACHES/STAFF MUST COMPLETE THIS SHEET PRIOR TO ATTENDING EVERY TRAINING SESSION

ANYONE who answers YES to ANY questions CANNOT attend

This player's parents MUST notify BCSC that they answered YES on the checklist at bcsc@bellnet.ca or 519-759-6963 and begin their fourteen (14) day pause from soccer. BCSC will notify the player and their family as to when they can return.

MUST BE SUBMITTED AT THE START OF TRAINING TO COACH.

1. DO YOU HAVE ANY OF THE FOLLOWING SYMPTOMS?

- a. Fever (greater than 38.0° C)?
- b. Cough?
- c. Shortness of breath/difficulty breathing?
- d. Sore throat?
- e. Runny nose?

2. Has anyone in your household experienced the above symptoms in the last 14 days?

3. Have you or anyone in your household travelled outside of Canada in the last 14 days?

4. Have you or anyone in your household been in contact in the last 14 days with someone who is being investigated as a suspected case of Covid-19?

5. Are you currently being investigated as a suspected case of Covid-19?

6. Have you tested positive for Covid-19 in the last 10 days?

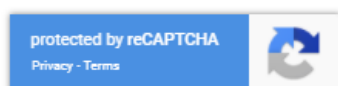
If an individual answers YES to any of the above questions, they are not permitted to participate in any in-person soccer activity for a minimum of 14 days.

STEP 7: If all players/attendees/spectators answer NO" to all symptoms on the COVID-19 symptom checklist scroll up and select "YES" under the symptom checklist declaration

Symptoms Checklist *

"I agree that the named player and named spectators have answered no to all symptoms on the checklist below."

Yes



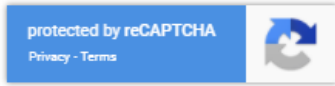
SAVE

STEP 8: Select Save

Symptoms Checklist *

"I agree that the named player and named spectators have answered no to all symptoms on the checklist below."

Yes



SAVE

STEP 9: Upon successful completion you will see the following message



Thank you. Your information has been saved.

COVID-19 SYMPTOMS CHECKLIST

PLAYERS/COACHES/STAFF MUST COMPLETE THIS SHEET PRIOR TO ATTENDING EVERY TRAINING SESSION

ANYONE who answers YES to ANY questions CANNOT attend

This player's parents MUST notify BCSC that they answered YES on the checklist at bcsc@bellnet.ca or 519-759-6963 and begin their fourteen (14) day pause from soccer. BCSC will notify the player and their family as to when they can return.

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 - a. Fever (greater than 38.0° C)?
 - b. Cough?
 - c. Shortness of breath/difficulty breathing?
 - d. Sore throat?
 - e. Runny nose?
2. Has anyone in your household experienced the above symptoms in the last 14 days?
3. Have you or anyone in your household travelled outside of Canada in the last 14 days?
4. Have you or anyone in your household been in contact in the last 14 days with someone who is being investigated as a suspected case of Covid-19?
5. Are you currently being investigated as a suspected case of Covid-19?
6. Have you tested positive for Covid-19 in the last 10 days?

If an individual answers YES to any of the above questions, they are not permitted to participate in any in-person soccer activity for a minimum of 14 days.