Vaccination Attestation

All information collected is confidential and stored on an encrypted internal server.

Please choose one of the following:

I affirm that I am fully vaccinated against COVID-19, which means I have received all of the doses required for a COVID-19 vaccine(s) approved by the World Health Organization (e.g., two doses of a two-dose vaccine, or one dose of a single-dose vaccine); and have received the final vaccine dose at least 14 days ago.

I affirm that I am unable to get vaccinated for medical reasons and will submit test results as required. (note: this information will be confidentially shared with employee health services for follow up)

I affirm that I have received first dose and booked or will be booked for second dose when required.

Please affirm following:

I affirm that all of the information and answers provided herein and any accompanying supporting documentation are complete, true and correct to the best of my knowledge and belief as required by law. I understand that any misrepresentation, falsification or omission of any material facts may render this attestation void.

PLAYER NAME:

Parent Signature