

NTFTC RJCC COVID-19 QUESTIONNAIRE

Athlete version

The safety of our competing athletes, staff, parents and coaches remains North Texas Fencing Tournament Coalition's overriding priority. To prevent the spread of COVID-19 and reduce the potential risk of exposure to our staff, families and visitors, we are requiring a simple screening questionnaire in order to access our facilities. Your participation is important to help us take precautionary measures to protect you and everyone within our facility. We appreciate your cooperation.

NAME OF ATHLETE ENTERING BLDG (PRINT):	PHONE NUMBER:
ATHLETE'S PHYSICAL ADDRESS:	ATHLETE'S EMAIL ADDRESS:
EVENTS COMPETING IN MEN'S EPEE <input type="checkbox"/> JUNIOR <input type="checkbox"/> CADET WOMEN'S EPEE <input type="checkbox"/> JUNIOR <input type="checkbox"/> CADET MEN'S FOIL <input type="checkbox"/> JUNIOR <input type="checkbox"/> CADET WOMEN'S FOIL <input type="checkbox"/> JUNIOR <input type="checkbox"/> CADET MEN'S SABRE <input type="checkbox"/> JUNIOR <input type="checkbox"/> CADET WOMEN'S SABRE <input type="checkbox"/> JUNIOR <input type="checkbox"/> CADET	

SELF-DECLARATION BY ATHLETE

1. Have you or anyone close to you been outside of the country or in a COVID-restricted area within the last 14 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you had close contact or cared for someone diagnosed with COVID-19 within the last 14 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you or anyone close to you had a fever, experienced any cold or flu-like symptoms (to include cough, fever, sore throat, respiratory illness, difficulty breathing), or been diagnosed with similar illness within the last 14 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>A yes answer to any of the above may result in being denied access to the building.</i>	
<input type="checkbox"/> I understand and agree to follow all protocols that NTFTC has put in place for my protection and the safety of others including, but not limited to, masking, physical distancing, and sanitation protocols. <input type="checkbox"/> I understand that, per county health requirements, close-fitting COVID masks covering the face (mouth and nose to below the chin and held securely in place to prevent slippage) must be worn at all times inside the venue, including while fencing. Fencers who perspire heavily should bring multiple COVID masks. Failure to wear a COVID mask will result in eviction from the facility. <input type="checkbox"/> I agree to temperature screening and contract tracing, and to have my entry and exit logged. <input type="checkbox"/> I understand that I may designate in advance a "Plus One" (parent or guardian) who will be allowed in the building with me. It is my responsibility to ensure that the "Plus One" receives the form in time for it to be submitted and logged. Guardians attending without signed COVID waivers will not be granted access to the venue.	
<i>NAME OF DESIGNATED PLUS ONE TO ATTEND WITH YOU (PARENT, GUARDIAN OR COACH)</i>	

Privacy Statement: The information contained in this document will be used by NTFTC Staff only and will not be shared with third parties other than as required by law. NTFTC staff may make notes on the reverse side of this document.

Signature of Athlete : _____ Date: _____

Signature of Parent (if minor) : _____ Date: _____

This form must be completed and emailed to j.calvert@cuttingedgefencing.com.

MS, ME - Due October 6

WS, WE, MF, WF - Due October 13.

Access to the venue will only be allowed with this form completed.