**PARTICIPATION AGREEMENT**

**ATTENTION: BY SIGNING THIS PARTICIPATION AGREEMENT YOU AGREE TO MAINTAIN AND COMPLY WITH THE TERMS AS SET OUT BELOW. PLEASE READ CAREFULLY.**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as parent/ guardian for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (*name of parent/guardian) (child’s name)*

**Specifically acknowledge and agree with the following**;

1. I shall prohibit my child(ren) from attending any program and/or session of Girls Inc. of Northern Alberta (“Girls Inc.”) if they are experiencing any COVID-19 symptoms or when feeling sick, even if symptoms are mild. Pursuant to Alberta Health Services, symptoms include but are not limited to;
	* Fever
	* Cough (new cough or worsening chronic cough)
	* Shortness of breath or difficulty breathing (new or worsening)
	* Runny nose
	* Sore throat
	* Chills
	* Painful swallowing
	* Stuffy Nose
	* Headache
	* Muscle or joint aches
	* Feeling unwell, fatigue or severe exhaustion
	* Gastrointestinal symptoms (nausea, vomiting, diarrhea or unexplained loss of appetite)
	* Loss of sense of smell or taste
	* Conjunctivitis, commonly known as pink eye
2. I shall complete the Screening Questionnaire as found at Appendix B, prior to every program and/or session my child(ren) may participate in with Girls Inc.
	* I consent to the Screening Questionnaire being kept by Girls Inc. for a period 14 weeks to support public health contact tracing efforts when or if required. Further I have been advised that Girls Inc. will destroy said Screening Questionnaires upon 14 days expiring from the date the Questionnaire was completed.
3. Girls Inc. specifically reserves the right to refuse participation in any program and/or session upon review of the Screening Questionnaire.
4. I shall check my child(ren)’s temperature daily prior to attending Girls Inc. programming and/or sessions and provide the results of same if requested to do so by Girls Inc.
5. Inform Girls Inc. if my child(ren) or a member of my household has/have:
	* Tested positive for COVID-19 in the past 14 days
	* Been exposed to a confirmed or probable positive case of COVID-19 within the past 14 days
	* Exhibited any COVID-19 symptoms in the past 24 hours as seen above in paragraph 1, by completing the Screening Questionnaire
	* Traveled outside of the province within the last 14 days
6. Maintain and adhere to physical distancing protocols ensure at least 2m/6ft of physical distance from others when dropping off and picking up my child(ren)
7. Remind my child(ren) to practice appropriate physical distancing, handwashing and personal hygiene as well as help my child(ren) to comply with the general health screenings upon arrival
8. I am aware and acknowledge that certain risks of injury are inherent to the participation in fitness and recreational activities. In the event of an emergency in which medical treatment is required Girls Inc. may secure medical advice and services when deemed necessary for my child(ren)’s health and safety. I specifically acknowledge and agree that I shall be solely responsible for any financial obligations which may arise in the event my child(ren) require medical attention.
9. I shall send my child(ren) to programming and/or sessions with a water bottle. In the alternative I shall inform Girls Inc. upon dropping off my child(ren) that water has not been provided and make arrangements for same to be provided by Girls Inc. while ensuring it is properly labelled with my child(ren)’s name on same.
10. I understand that my failure to adhere the terms of this Participation Agreement may result in Girls Inc. refusing my child(ren) to participate in any programming and/or session provided by Girls Inc.

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**