Merimbula Basketball Association COVID-19 Sign-In Register

Refer MBA COVID-19 Safety Plan and MBA COVID-19 Safety Requirements						
Date	Name	Parent (Name) *If dropping off child under the age of 18*	Signature *Parent's signature if dropping off child under the age of 18*	Contact Number	In the previous 14 days, have you: • Had any COVID-19 symptoms? • Been in contact with any confirmed/suspected COVID-19 case? • Travelled internationally? • Travelled to Victoria or any of the reported case locations listed on the NSW Health website? ***If you answer "yes" to any of the above please do not attend/participate, go and get tested and don't return until you have received a negative result and are well.***	Downloaded and using COVIDSafe app?