

Sign-Up Sheet for FREE Programming at Royal Athletic Park

Hosted by North Park Neighbourhood Association

Program Name: _____

Date(s): _____

Your name: _____ *Phone Number: _____

Are you signing up for other people? Yes No

If yes, are these people sharing your 'social bubble' (are you comfortable being within 2 meters / 6 feet of them)?

Yes No

Names (first and last) of the people you are signing up for:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

For participants of dance programming, please do not swap partners. If participating in partnered dances, you must bring your designated partner who is already in your 'bubble'. Please wear a mask if possible.

For participants of craft programming, please wear a mask if possible.

For participants of soccer, disc golf course, and pop up performances, please follow the posted COVID-19 safety plan. Sanitize your hands upon entering the park and maintain a 2 meter / 6 foot distance from anyone who is not in your "bubble."

By participating in the free programming, I agree to:

- Stay home if I am experiencing any COVID-symptoms, have been in contact with someone who has COVID-19, have been outside the country in the past 14 days or been in contact with someone else who has been.
- Stay at least 2 meters or 6 feet from other participants.
- Sanitize my work station after use, if applicable (supplies are provided and help is available if you need it).
- Be contacted by phone for the purposes of contact tracing, if a risk of COVID is discovered. Phone numbers will not be shared with other persons or organizations, beyond designated staff at North Park Neighbourhood Association and City of Victoria, and will not be used for any other purposes.

Assumption of Risk for use of City of Victoria Venues

By signing below and participating in a free program hosted by the North Park Neighbourhood Association during the Community Use Hours at Royal Athletic Park, you knowingly and willingly accept all risks of exposure to COVID-19 for your self and the others you have listed on this form. You can review the facility's COVID-19 safety plan [here](#).

Name (printed): _____ Date: _____

Signature: _____