Hayashi-ha Shitoryukai 50th Anniversary Tournament Physical Condition Form

(Entry Permission / Covid-19 Tracking Report)

Name							
Gender	М	FM	AGE	years old Grade grade			
Entering as		Athlete		Parent / Guardian		Dojo Representative	
	Referee				Guest		
Contact Phone Number							
Check the following physical conditions:							
(Tick any box that apply to you)							
☐ Fever of 37.5 degrees or higher							
☐ Cough or congestion							
☐ Sore throat							
☐ Runny nose							
☐ Feeling of lethargy							
□ Headache							
□ Other symptoms ()							
□ No symptoms							
I do swear that:							
(Tick the boxes that apply to you)							
☐ I will follow the infection control guidelines shown by the tournament staff.							
☐ I understand that I will not be refunded admission fees if unable to join the tournament							
or have to leave the building due to symptoms.							
☐ I agree that care of injuries at this tournament will only be done on emergency basis.							
☐ By submitting this form I understand anyone with symptoms is not allowed inside the building.							
☐ If I am tested positive for Covid-19 I must contact tournament authorities ASAP.							
☐ I agree to have my information given to authorities should close cases of Covid-19							
be connected to me.							

^{*} Concerning the private information on this form: out of respect for your private information this for will be destroyed after one month of being stored by tournament authorities.