



## COVID-19 COMPLIANCE FORM

*In order to provide a safe environment that adheres to the protocols set by the Government of Ontario. Please take a moment to fill out this form to ensure you/your child(s) can return to class at the academy. No students, under any circumstances will be permitted to train without filling out this form and having it approved by Union Martial Arts staff.*

**Student:** \_\_\_\_\_

**Have you been in contact with anyone who has contracted COVID-19 in the past two weeks?**

YES /  NO

**Have you experienced any symptoms related to COVID-19?**

YES /  NO

**Do you consent to a touchless temperature check before each class?**

YES /  NO

**Do you understand your responsibility towards proper hygiene in order to participate in class?**

YES /  NO

**Date:** \_\_\_\_\_  
(MM/DD/YYYY)

**Signature:** \_\_\_\_\_