



Coronavirus
COVID-19
Public Health
Advice

REGISTRATION FORM



Facility/Centre name: _____

Location: _____

Activities planned for session: _____

Date of activity: _____

Arrival Time: _____ Departure Time: _____

Full Name: _____

Phone Number: _____

Email Address: _____

Club/Organisation: _____

Role/Position (Attendee, Parent/Guardian, Coach etc.): _____

In the previous 14 days, have you:

1. Had any COVID-19 Symptoms? Yes No

2. Been in contact with any
confirmed/suspected COVID-19 case? Yes No

3. Travelled internationally? Yes No

Bowlers who test positive or have symptoms of COVID 19 should not return to play until they have passed the incubation period and once symptoms are gone.