

**TRACK & TRACE CONSENT FORM FOR EX-BLUES FC TEAMS**

**FORM MUST BE COMPLETED BEFORE EVERY MATCH, BY EVERY PLAYER, MANAGER, COACH OR PARENTS OR SUPPORTERS INVOLVED**

**If your child or a member of your household has experienced any of the following symptoms in the last 14 days.**

High Temperature, Fever, new and persistent cough, loss of taste or smell, other known COVID-19 symptoms you must inform the authorities, get tested and self-Isolate.

Team name \_EX-BLUES FC \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COVID 19 Officer: Andy Hammond, Mobile 07956 207950, Email: [ahammond2@aol.com](mailto:ahammond2@aol.com)

MANAGER/COACH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Tel:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of match \_\_\_\_\_\_\_\_/\_\_\_\_\_\_/ \_\_\_\_\_\_\_

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| **Players Name** | **Parent/ Managers & Coaches, Carers & supporters full name** | **Contact Number/Land or Mobile** |
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