

SPORTS DEPARTMENT: CHANDIGARH ADMINISTRATION

Member Consent form for resumption of training

Name..... DOB.....

Gender Centre.....

Game.....Address.....

City / State..... Mobile No.....

- I will update Aarogya Setu app daily.
- I hereby acknowledge the risks associated with resuming the training at the centre under the present COVID-19 pandemic situation.
- I hereby declare that I am willing to resume training at the centre with my own consent without the influence of any other party and I shall adhere to the suggested safety precautions at the centre.
- I hereby declare that I am medically fit to resume the training.
- I also declare that my age is neither below 10 yrs nor above 65 yrs.(attach age proof document)
- I will play in my allotted time given to me by authorities.
- I will abide by all the guidelines (SOP) issued by Govt. of India / SAI / Sports Department, Chandigarh (related with COVID-19).

Signature of Member