|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| CHESHIRE JUNIOR NETBALL LEAGUE 2020/2021 | | | | |
| MATCH DATE | AGE GROUP | DIV LETTER | TIME | COURT |
| TEAM |  |  | TEAM |  |
| ABOVE TEAMS FINAL SCORE |  |  | ABOVE TEAMS FINAL SCORE |  |
| PLAYERS NAMES**(FULL NAMES PLEASE)**  **This will also form CJNL Test & Trace documentation and kept for 21 days** | | NAME OF TEAM LISTED BELOW |  | TICK IF PLAYER IS PLAYING UP AND STATE FROM WHICH AGE GROUP |
| GK - | |  |  |  |
| GD - | | |  |  |
| WD - | | |  |  |
| C - | | |  |  |
| WA - | | |  |  |
| GA - | |  |  |  |
| GS - | |  |  |  |
| SUB 1 - |  |  |  |  |
| SUB 2 - | |  |  |  |
| SUB 3 - | |  |  |  |
| COACH - | |  |  |  |
| TEAM MANAGER - |  |  |  |  |
| UMPIRE - |  |  |  | QUALIFICATION |
| SCORER - |  |  |  |  |
| PRIAMARY CARER - |  |  |  |  |

|  |  |
| --- | --- |
| TEAM COACH/TEAM MANAGER to sign below declaring   * the final score, * players were played in the correct age group or indicated played up * that all named on the sheet have completed the COVID-19 health screening on the back of the sheet | |
| PRINT NAME | SIGNATURE |
| Digital copy to be sent to; [cjnlresults@gmail.com](mailto:cjnlresults@gmail.com) & [covidofficer@cjnl.co.uk](mailto:covidofficer@cjnl.co.uk) | |
|  | |

**COVID – 19 HEALTH DECLARATION – MODIFIED NETBALL ACTIVITY**

The purpose of the questionnaire is to screen for possible symptoms of Covid-19 infection.

Our aim is to promote and maintain the health & safety of all our Netball family. Please help us by answering the questions honestly and accurately.

**Today or at any point in the last 7 days have you had:**

|  |  |  |
| --- | --- | --- |
| **Symptom** | **YES** | **NO** |
| A Fever? |  |  |
| A new, continuous cough? |  |  |
| Any loss or change to you sense of taste or smell |  |  |
| Has any member of your household or someone that you have been in contact with reported any of the above symptoms in the last 14 days? |  |  |
| Has any member of your household or someone that you have been in contact with tested positive for Covid-19 in the last 14 days? |  |  |
| Have you been notified by the NHS test and trace system that you are a close contact of someone with known Covid -19 infection in the last 14 days |  |  |