

ESSEX METROPOLITAN NETBALL ASSOCIATION

Opt in Statement

I have been made aware of the risks associated with netball activity and COVID-19 and understand this. I also understand there are some people who are of higher risk if contracting COVID-19.

I am comfortable with the information I have been provided and opt **in** to participate **in** netball. I also confirm I understand the requirements and steps I need to take to help prevent the spread of COVID-19 through netball and agree to take all these steps.

Name:

Signed:

Date: