



DATE:

NAME OF CLUB:

Personal Detail Contact Form:-

NAME:-

ADDRESS:-

TELEPHONE NO:-

EMAIL ADDRESS:-

ADDITIONAL PERSON/S DETAIL'S WHO HAVE TRAVELLED WITH YOU:-

NAME:-

ADDRESS:-

TELEPHONE NO:-

PLEASE CIRCLE THE FOLLOWING:-

- | | | |
|---|-----|----|
| 1. Have You Any Covid-19 Symptoms? | YES | NO |
| 2. Have You Been In Contact with any Confirmed/Suspected Covid-19 Case? | YES | NO |
| 3. Have You Recently Travelled Internationally? | YES | NO |

The details you have provided will be accepted for no other reason than to keep within the Guidelines given by the Government and the HSE. Your details are being accepted by the club for the only reason, that if a person should suddenly develop Covid-19 that we will be able to contact all those who have attended today and inform them to seek the relevant medical advice and the relevant precautions.

We require competitors/persons to provide certain personal data in order to carry out our legislative and administrative functions. We treat all information and personal data that you provide as confidential, in accordance with the General Data Protection Regulation and Data Protection legislation.