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**VISITOR REGISTER**

**NOTE: PEOPLE ARE NOT PERMITTED IN THE ALBERT SAILING CLUB UNLESS THE FOLLOWING CONDITIONS HAVE BEEN AGREED AND SIGNED PRIOR TO ANY VISIT.**

 **ALSO ‘SIGN OFF’ PRIOR TO LEAVING THE CLUBROOMS**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Attendance at Club Premises:**  -- -- / -- -- / -- --

Time of Arrival: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time of Departure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To be completed prior to entry to the Club:**

1. I am aware of current government COVID19 requirements and agree to adhere to them including:
	1. Personal responsibility for Personal Hygiene and Safety measures
	2. Social distancing of 1.5 metres at all times
	3. No congregation in groups >10
2. I am not currently showing any symptoms of COVID19 infection nor have I had any recent known contact with anyone with COVID19. I agree that I will advise the Club immediately if I develop any symptoms or have close contact with an infected person following any visit to club premises.
3. I understand requirements and limitations on use of clubrooms, and sailing arrangements.
4. I will wipe down/sanitize club building and boatyard surfaces that I contact, including: Door handles, table tops, boatyard access points, the boat lifter and toilet areas.

**Declaration:** " I accept and agree to the current COVID19 rules and prescriptions of the Victorian DHHS and of Albert Sailing Club when attending ASC clubrooms.”
 **Signed: Dated:**\* Parent or Guardian to sign on behalf of a child or youth under 18 years of age.