

PERSONS ATTENDING LIST

NAME OF SHOW	<input style="width: 95%;" type="text"/>	DATE	<input style="width: 95%;" type="text"/>
NAME OF RIDER	<input style="width: 95%;" type="text"/>		
NAME OF HORSE # 1	<input style="width: 95%;" type="text"/>	CLASSES	<input style="width: 95%;" type="text"/>
NAME OF HORSE # 2	<input style="width: 95%;" type="text"/>	CLASSES	<input style="width: 95%;" type="text"/>
NAME OF HORSE # 3	<input style="width: 95%;" type="text"/>	CLASSES	<input style="width: 95%;" type="text"/>
GROOM	<input style="width: 95%;" type="text"/>		
ONE OTHER	<input style="width: 95%;" type="text"/>		

COVID QUESTIONNAIRE

1. Have you tested positive for COVID in the past 14 days?
2. Are you currently awaiting COVID test results?
3. Have you been in close contact with anyone that's tested positive for COVID?
4. Are you currently experiencing any symptoms of COVID ? **
5. Are you aware that you need to register on Showwave ?
6. Are you aware all that your attendees also need to register on Showwave?

	YES	NO

*** Symptoms include: Cough, sore throat, shortness of Breath, vomiting, diarrhoea, body aches*

Declaration:

I the undersigned do hereby confirm that all the above information is true and accurate. I acknowledge that Kyalami Park Club may check the accuracy of this information and may share this information with the SAEF and that disciplinary action may result should any information be proven to be false.

I am aware that failure to wear a mask at all times in public is a criminal offence.

I declare that to the best of my knowledge all persons on this list are in good health and not currently showing any symptoms (as described above) of COVID-19.

Riders Signature

Date