



Dogs ACT Attendance Form

Name: _____ Phone: _____

Dogs ACT/NSW Member #: _____ Email: _____

Do you currently have any of the following symptoms: fever, cough, sore throat or shortness of breath? Y / N

Do you fully understand that you are **NOT** to attend the Dogs ACT grounds if you are not well? Y / N

Will you abide by Dogs ACT strict social distancing rules and keep 1.5m away from others? Y / N

Will you keep by Dogs ACT and EPIC strict hygiene rules and use the provided sanitizer before, during and after your class? Y / N

At this time we have a maximum of 10 people per class. Do you understand that only the person that has been booked in for the training session may attend the Dogs ACT grounds? Y / N

To keep everyone safe and minimize personal interaction. Do you agree to bring your own lead, collar, mat (if needed), bait/treats and waste bags? Y / N

Dogs ACT encourages members to download the COVIDSafe app.

By signing this document you agree to the above terms and any reasonable direction that your trainer may request.

Dogs ACT is committed to keeping our members and the community Covid safe.

_____ Signature _____ Date