

Lokmanya Tilak Lane No. 3 Dadar (E)Mumbai – 400016 Tel: 24143627 / 24150590 E-mail: admin@dadarclub.com

DECLARATION BY DADAR CLUB MEMBER / STAFF / VISITOR

I Mr. / Ms. _____ Mem. No. / Post ____ Age: ___ Yrs Solemnly declare as under –

- 1. It shall be my responsibility to abide by all conditions prescribed by the Government and the Municipal Corporation of Greater Mumbai in relation to health and safety towards Covid-19.
- 2. It shall also abide by all the Rules & Regulations (S.O.P.) set by the Dadar Club Managing Committee.
- 3. I shall be responsible for any health issues and wellbeing during my visits to Dadar Club.

	(Please tic mark on the conditions applicable to you in the following table)		
1	Fever if above 37.2° C / 99° F or higher	Yes 🔾	No O
2	Cough	Yes 🔿	No O
3	Breathlessness	Yes 🔾	No O
4	Sore Throat	Yes 🔾	No O
5	Oxygen Level if 94% or lower	Yes 🔾	No O
6	Whether the area you live was in containment zone Or sealed area in last 21 days	Yes O	No 🔿
7	Have you or any of your family members come in contact of less than 6 ft. distance with a confirmed case of Covid19 positive patient	Yes O	No O

(Please tic mark on the conditions applicable to you in the following table)

(If any of above conditions is marked as 'Yes', then the member shall not be allowed to play)

- I hereby confirm that I have read and now I am aware of all the notifications of the Government and Municipal authorities, in connection with prevention of spread of Covid19, also the amended Rules & Regulations (S.O.P) set by Dadar Club management. I solemnly undertake to abide by all such rules and regulations.
- ii) I hereby confirm that all the above information and declaration made by me is true and correct. I further confirm that I am liable for any disciplinary action as deemed fit by the Managing Committee of Dadar Club, in case of violation of this declaration.

Date:

Place:

Mobile No:

Signature