

**Letter of Undertaking for Submission of players Consent/Declaration form  
for Basketball**

1. We hereby acknowledged that the risk involved, necessary precautions and protocols for resumption of Basketball game have been duly informed to us by Phuentsholing Sports Association.
2. We hereby acknowledged that Phuentsholing Sports Association cannot fully guarantee the complete protection from the risks posed by Covid-19 through the implementation of the Health safety protocols norms in place, but we as players shall take our individual responsibility for self protection & others from Covid-19 pandemic collectively.
3. I as team leader will ensure that all our team mates are free from fever, cough or flu like symptoms as precautionary protection from the Covid-19 virus spreading.
4. We hereby declare that we play basketball game at our own consent/risk without the influence of any other party and we shall adhere the health safety precautions and protocols norms implemented by PSA.
5. I as the team coordinator shall take responsibility for submission of players consent form for the team duly signed by me as the coordinator to PSA office before the match timing.

Sl.No	Name	CID No.	Contact	Department/ Address
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**Match Date:** \_\_\_\_\_

**Match Time:** From \_\_\_\_\_ to \_\_\_\_\_

**Match Venue:** PSA MPH Hall

**Team Coordinator representative:**

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

**Contact No:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Letter of Undertaking for Submission of players Consent/Declaration form  
for volleyball**

1. We hereby acknowledged that the risk involved, necessary precautions and protocols for resumption of volleyball game have been duly informed to us by Phuentsholing Sports Association.
2. We hereby acknowledged that Phuentsholing Sports Association cannot fully guarantee the complete protection from the risks posed by Covid-19 through the implementation of the Health safety protocols norms in place, but we as players shall take our individual responsibility for self protection & others from Covid-19 pandemic collectively.
3. I as team leader will ensure that all our team mates are free from fever, cough or flu like symptoms as precautionary protection from the Covid-19 virus spreading.
4. We hereby declare that we play volleyball game at our own consent/risk without the influence of any other party and we shall adhere the health safety precautions and protocols norms implemented by PSA.
5. I as the team coordinator shall take responsibility for submission of players consent form for the team duly signed by me as the coordinator to PSA office before the match timing.

Sl.No	Name	CID.No	Contact	Department/ Address
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**Match Date:** \_\_\_\_\_  
**Match Time: From** \_\_\_\_\_ **to** \_\_\_\_\_  
**Match Venue:** PSA volleyball arena

**Team Coordinator representative:**  
**Name:** \_\_\_\_\_  
**Contact No:** \_\_\_\_\_  
**Organization:** \_\_\_\_\_

**Signature:** \_\_\_\_\_