**Berghutte Ski Club**

**Member, Associate and Visitor Registration Form**

**Completion of this form is MANDATORY**

**Entry to the Lodge is by pre-appointment ONLY with the Lodge Manager**

**Contact: Susan 0404 331 837**

1. **Your Health - Have you experienced any of the following symptoms of COVID-19 (**[**as per NSW Health website**](https://www.nsw.gov.au/covid-19/how-to-protect-yourself-and-others/symptoms-and-testing)**) within the last 14 days? Pease answer Yes or No below:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Cough |  | Fever (37.5 OC or higher) |  | Sore Throat |  |
| Shortness of breath |  | Runny Nose |  | Loss of taste |  |
| Loss of smell |  | Fatigue |  | Blocked nose |  |
| Muscle pain |  | Headache |  | Diarrhoea |  |
| Nausea |  | Vomiting |  | Loss of appetite |  |

1. **Travel and Contact – please answer Yes or No below:**

|  |  |
| --- | --- |
| Have you travelled internationally within the last 14 days? |  |
| Have you come into close or casual contact with any confirmed or suspected COVID-19 case within the last 14 days? |  |
| Do you reside or have travelled to any COVID-19 hot spot or cluster during the past 14 days (as declared by the NSW government)? |  |

1. **Health, Safety and Wellbeing - please answer Yes or No below:**

|  |  |
| --- | --- |
| I agree to follow all directions regarding health, safety and well-being at Berghutte by the Lodge Managers or their delegates including having my temperature checked as required by the Lodge Manager. |  |
| I agree to attend a COVID-19 Safety session during our stay at the Lodge as required and review the Berghutte COVID-Safe Plan which is available at the Lodge if required. |  |
| I agree to follow strict hygiene practices whilst staying at the Lodge including washing or sanitising my hands on entry and exit of communal areas, and coughing and sneezing etiquette. |  |
| I agree to maintain the required physical distances and ratios with people who are not members of my household (eg 1.5 metres). |  |
| I agree to advise the Managers immediately if the status of my health or exposure to COVID-19 or other infectious illness changes during my stay – eg developing symptoms or exposure to COVID-19. |  |
| I agree to immediately vacate the Lodge if I develop symptoms or become aware of confirmed or casual exposure to COVID-19. |  |

1. **Members Only - My Contact Details – please answer Yes or No:**

|  |  |
| --- | --- |
| **Members only** - I have updated my home address and contact details in the  [Berghutte Booking](https://bookings.berghutteskiclub.com/memberlogin.php?ref=/&an=Public&au=&prob=nologin) website |  |

1. **Contact Details for Accommodation Guests and all Casual Guests / Visitors (Adults to complete for dependants)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First Name | Last Name | Home Address | Email Address | Mobile Ph No |
|  |  |  |  |  |
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|  |  |  |  |  |

1. **Checking In – please answer Yes or No or Not Applicable:**

|  |  |
| --- | --- |
| I have checked in via the Service NSW App on my arrival at the Lodge using the Service NSW QR code either via the App or via the Service NSW Webform or I have made alternative arrangements with the Lodge Manager. |  |
| I agree to check in using the Service NSW App every morning of my stay at Berghutte |  |

1. **Accommodation Documentation – for Members and Guests – please answer Yes or No**

|  |  |
| --- | --- |
| I have reviewed and signed the [Berghutte COVID-19 Waiver](https://app.hellosign.com/s/8FbFYiF0) my booking at Berghutte Ski Club Thredbo. I acknowledge responsibility for all members and guests of my booking to comply with the requirements of this document. |  |
| I have reviewed and accept the [Berghutte Ski Club Terms and Conditions of Booking](https://www.berghutteskiclub.com/terms--conditions---covid-191.html) and the [Booking Accommodation Rules and By-Laws](https://www.berghutteskiclub.com/bookings-accommodation-rules-and-bylaws.html). I acknowledge responsibility for all members and guests of my booking to comply with the requirements of these documents. |  |

1. **Signature:**

|  |  |
| --- | --- |
| **Print First Name:** | **Print Last Name:** |
| **Date:** | **Signature (or return completed form via email):** |