



Admit Form

Parents/Caregivers complete the form before EACH practice/game.

Players without a completed form will NOT be allowed to participate. **NO EXCEPTIONS!**

Player's First Name

Player's Last Name

Team: _____

Player temperature at home before attending practice/game: _____

Does the player live in the same household or have close contact with someone who in the last 14 days has been in isolation for COVID-19 or had a test confirming the virus?

Yes No

Has the player exhibited any of the following symptoms today (or within the last 24 hour) that cannot be better explained by another condition?

Fever Yes No	Chills Yes No	Shaking/Shivering Yes No
Cough Yes No	Sore Throat Yes No	Shortness of Breath Yes No
Difficulty Breathing Yes No	Unusually Weak/Fatigued Yes No	Loss of Taste or Smell Yes No
Muscle Aches or Pain Yes No	Runny/Congested Nose Yes No	Diarrhea Yes No

Please provide additional information if symptoms present are better explained by another condition (e.g. exercise induced muscle soreness, diagnosed seasonal allergies).

If the player is experiencing any of the above symptoms prior to practice, without an explanation not related to possible COVID-19, the player is required to STAY HOME from any event until symptom free.

I certify to the best of my knowledge; this information is accurate.

Parent/caregiver Full Name (printed)

Date

Parent/caregiver Signature