CYS Covid Pre-practice/game Checklist

Team Name:
Date:
Coach:

All Participants (volunteers and players) must answer “No” to the following upon arrival for practice and games:

- **Have you or anybody you live with had any of these in the last 14 days: fever, cough, shortness of breath, sore throat, loss of smell or taste, or chills?**
- **In the past 14 days, have you tested positive for COVID19 or had contact with anyone known to have COVID19?**
- **In the past 14 days, have you traveled outside of Massachusetts to any of the states on the Mass.gov “Quarantine States?”**

Name	**Confirmed “No” to questions**	**I agree to all CYS Policies and to keep my mask on during practice/games**

If a player has answered "yes" to any of the above, he or she will not be allowed to play until cleared by CYS.