



Participation Check List-

Every participant/coach/volunteer/referee/official must complete this form

Name: _____ Date: _____

	Checked Child's temperature prior to leaving the house – Temp less than 100.4 degrees
	My child does not have a sore throat or other signs of illness such as diarrhea, severe headache, vomiting or body aches
	My child has not been in contact with anyone known to have Covid-19 within the past 14 days
	My child has not traveled to any state on the high infection area according to NYS within the past 14 days
	My child has not tested positive for Covid-19 in the last 14 days

PLEASE NOTE: BY SIGNING THIS FORM, I ATTEST THAT THE INFORMATION INDICATED ABOVE IS TRUE AND ACCURATE.

Parent Signature: _____ Date: _____

Temperature at Check-in: _____ Verifying Person's initials _____

EMERGENCY CONTACT NUMBER: