



Date:

1. Have you been in close contact with anyone suspected or known to have Coronavirus or to anyone who is in quarantine?
2. Have you traveled outside of the U.S. within the last 21 days?
3. Have you been to California, Florida or Arizona in the past 7 days?
4. Have you or anyone in your household had a fever within the last 7 days?
5. Are you or anyone in your household having any of the following symptoms?
  1. Cough
  2. Shortness of breath
  3. Sore throat
  4. Malaise (feeling poorly)
  5. Chills
  6. Pneumonia
  7. Altered mental status
  8. Vomiting
  9. Severe headache
  10. Muscle aches
  11. Loss of taste

By acknowledging below, you certify that all statements given on this survey are true, complete, and without evasion to the best of your knowledge?

Parents Name

Players Name