

Alaska All Stars 8U/6U Evaluation Camp
COVID-19 Health Questionnaire Screening

Participant Name _____

Age Division _____

As a parent/legal guardian of the above listed evaluation camp Participant:

1. I state that this Participant/Parent does not currently display any of the following symptoms:

- Fever or chill
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- New loss of taste or smell
- Sore throat
- Muscle or body aches
- Nausea or vomiting
- Diarrhea

2. I acknowledge that this Participant/Parent is subject to non-contact thermometer readings at check-in each day and that the participant will not be able to participate in tryout camp if the temperature reading is over 99.9 degrees Fahrenheit.

3. I acknowledge that the participant/parent has not, to the best of my knowledge, had close contact (within 6 feet for at least 10 minutes) with or cared for someone diagnosed with COVID-19 within the last 14 days.

Parent/Legal Guardian Printed Name _____

Parent/Legal Guardian Signature _____

Date – August 24, 2020

Acknowledgment Day 2 – August 26, 2020 Initials _____