



Sport: \_\_\_\_\_

Date of Competition: \_\_\_\_\_

Competing School: \_\_\_\_\_

I am verifying that **ALL** of my coaching staff members, student athletes, and team personnel attending the contest are:

Students have reported that they are fever free in the past 24 hours

Have no symptoms of COVID-19 in the past 24 hours including:

- Cough, sore throat, shortness of breath, loss of sense of smell or taste, chills

I agree to have my coaches, student athletes, and team personnel wear masks while not engaging in aerobic activity.

Printed name and title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_