



Player
Name: _____

Date: _____

To keep you and all of our players, participants, coaches and their families safe, we are following the guidelines and recommendations of the New Jersey Department of Health and requiring that every participant be assessed for COVID-19 symptoms and risk factors each day before engaging in any youth soccer-related activity (practices, competitions, events and/or before entering into any facilities, etc.). **Any player exhibiting any symptoms will be sent home with their parent and cannot return without getting tested. Players testing positive will need to quarantine and cannot return without a doctor's note.**

1. Did you take your temperature today and was your temperature above 100.4F? **(Yes/No) Scanned Temperature** _____
2. Have you had COVID-19 within the last 14 days, or have you been tested for it within the last 14 days? **(Yes/No)**
3. Have you had any signs or symptoms of a fever in the past 24 hours such as chills, sweats, felt "feverish," or had a temperature that is elevated for you or 100.4F or greater? **(Yes/No)**
4. Do you have any of the following symptoms? **(Yes/No)**
 - Fever or chills
 - Cough
 - Shortness of breath or difficulty breathing
 - Fatigue
 - Atypical muscle pain or body aches
 - Headache
 - New loss of taste or smell
 - Sore Throat
 - Congestion or runny nose
 - Nausea or vomiting
 - Diarrhea
6. Have you traveled internationally or outside of the State of New Jersey in the last 14 days? **(Yes/No)**
7. Within the last 14 days, have you been exposed to, or come into contact with, anyone you know: (a) who has COVID-19, (b) who is/was being tested for COVID-19, (c) who had symptoms consistent with COVID-19, or (d) who was exposed to someone with COVID-19? **(Yes/No)**

Regardless of how you answer the questions provided in this survey, if you have symptoms consistent with COVID-19 or feel you may be developing symptoms consistent with COVID-19, you cannot attend or participate in any youth soccer activities and should contact a local healthcare professional.

Players agree to wear a mask to and from the practice field. Players acknowledge that they will maintain 6 feet distance while resting on the bench and they will not spit or hug one another.

Team: _____

Coach's Signature: _____

Parent's Signature
