

PLEASE DO NOT WRITE IN THIS FIELD

Temperature in F	sign
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## CALI TRYOUTS - DAILY ADMITTANCE CHECKLIST

Please check each box to verify that your child has NOT experienced any of the following symptoms in the last 48 hours / is in compliance with the current CDC / NYS guidelines.

I, \_\_\_\_\_ hereby certify that  
(name of the legal guardian)

\_\_\_\_\_  
(name of player / camper)

did not experience (last 48h) / does not currently experience any of the following symptoms:

- She does not have a cough
- She does not have shortness of breath/difficulty breathing
- She does not have chills
- She does not have muscle pain
- She does not have a headache
- She does not have a sore throat
- She does not experience any recent loss/change of smell and taste
- She does not have diarrhea
- She does not feel feverish/she did not measured temperature greater than 100.0 F
- She did not have close contact with a person confirmed/suspected to have COVID-19
- She did not travel international in the last 14 days, she followed CDC / NYS Health Department guidelines now require individuals traveling to New York from certain states to quarantine for 14 days.

**Parent Signature** \_\_\_\_\_

**Date** \_\_\_\_\_