



# Jersey Wolves Admit Form

Parents/Caregivers complete the form before **EACH** practice/game.

Players without a completed form will NOT be allowed to participate. **NO EXCEPTIONS!**

\_\_\_\_\_  
Player's First Name

\_\_\_\_\_  
Player's Last Name

Team: \_\_\_\_\_

Player temperature at home before attending practice/game:  
\_\_\_\_\_

Does the player live in the same household or have close contact with someone who in the last 14 days has been in isolation for COVID-19 or had a test confirming the virus?

**Yes No**

Has the player exhibited any of the following symptoms today (or within the last 24 hour) that cannot be better explained by another condition?

Fever <b>Yes No</b>	Chills <b>Yes No</b>	Shaking/Shivering <b>Yes No</b>
Cough <b>Yes No</b>	Sore Throat <b>Yes No</b>	Shortness of Breath <b>Yes No</b>
Difficulty Breathing <b>Yes No</b>	Unusually Weak/Fatigued <b>Yes No</b>	Loss of Taste or Smell <b>Yes No</b>
Muscle Aches or Pain <b>Yes No</b>	Runny/Congested Nose <b>Yes No</b>	Diarrhea <b>Yes No</b>

Please provide additional information if symptoms present are better explained by another condition (e.g. exercise induced muscle soreness, diagnosed seasonal allergies).

If the player is experiencing any of the above symptoms prior to practice, without an explanation not related to possible COVID-19, the player is required to **STAY HOME** from any event until symptom free.

I certify to the best of my knowledge; this information is accurate.

\_\_\_\_\_  
Parent/caregiver Full Name (printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/caregiver Signature