



PARTICIPANT NAME: _____

SPECTATOR NAME (if applicable): _____

PROGRAM or TEAM: _____

GOAL LINE PRO SHOP CUSTOMER (CHECK HERE) _____

Phone: _____

1) HAVE YOU BEEN IN CONTACT WITH ANYONE WHO HAS BEEN DIAGNOSED WITH COVID-19 IN THE LAST 14 DAYS? YES _____ NO _____

2) DO YOU HAVE ANY OF THE FOLLOWING SYMPTOMS? ANSWER YES OR NO

| | |
|---------------------------|------------------------------|
| _____ COUGH | _____ CHILLS |
| _____ SHORTNESS OF BREATH | _____ HEADACHE |
| _____ FEVER | _____ LOSS OF TASTE OR SMELL |
| _____ DIARRHEA | _____ SORE THROAT |
| _____ VOMITING | _____ MUSCLE PAIN |

IF PARTICIPANT OR SPECTATOR ANSWERS YES TO ANY OF THE ABOVE QUESTIONS, THEY WILL NOT BE ABLE TO ENTER THE FACILITY OR PARTICIPATE. NO PARTICIPANT WILL BE ALLOWED IN FSC UNTIL THEY HAVE 72 HOURS WITHOUT FEVER

THERE ARE RISKS RELATED TO COVID – 19 THAT MAY ARISE FROM PARTICIPATING IN PROGRAMS AT FSC. PATRONS UNDERSTAND THAT AND ASSUME SUCH RISKS BY PARTICIPATING.

Participant Name Date

Participants signature Date
(Parent/Guardian if participant is under 18)

Spectator Name Date

Spectator signature Date