



Chesterfield Township Athletic Association

COVID-19 2021 SCREENING FORM

ALL parents MUST present a completed screening form before their child will be permitted to attend a practice or game (i.e., one form required per day)!

NO EXCEPTIONS WHEN IN DOUBT- SIT IT OUT!

Thank you for your cooperation!

<u>Screening Questions:</u>	<u>YES</u>	<u>NO</u>
Have you or has anyone in your home had contact within the last fourteen days with any person under screening/testing for COVID-19, or with anyone with known or suspected COVID-19?		
Have you or has anyone in your home had contact within the last fourteen days with any person under screening/testing for COVID-19, or with anyone with known or suspected COVID-19?		
<p>Do you currently have any of the following symptoms?</p> <ul style="list-style-type: none"> • Fever (100.4°F or higher), or a sense of having a fever. • New cough that you cannot attribute to another health condition. • New shortness of breath that you cannot attribute to another health condition. • New sore throat that you cannot attribute to another health condition. • New muscle aches that you cannot attribute to another health condition or that may have been caused by a specific activity (such as physical exercise). 		<p>Players Temp = _____</p>

_____ I answered NO to ALL screening questions and my child will participate

_____ I answered YES to a screening question... **Stay Home and contact your doctor** and do not return until otherwise directed by your doctor. Notify your coach.

- **Player's Name:** _____
- **Player Team Manager/Coach:** _____
- **Parent Name:** _____
- **Parent's Signature:** _____
- **Date:** _____
- **DON'T FORGET:** Personal Water Bottle, Personal Equipment, Hand Sanitizer



Assumption of the Risk and Waiver of Liability

Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Chesterfield Township Athletic Association has put in place preventative measures to reduce the spread of COVID-19; however, **Chesterfield Township Athletic Association** cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending **Chesterfield Township Athletic Association** activities **could increase your risk** and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending **Chesterfield Township Athletic Association** event and that such exposure or infection may result in personal injury, illness, permanent disability, and death.

I understand that the risk of becoming exposed to or infected by COVID-19 at **Chesterfield Township Athletic Association** event may result from the actions, omissions, or negligence of myself and others, including, but not limited to, **Chesterfield Township Athletic Association** volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at **Chesterfield Township Athletic Association** events ("Claims").

On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless **Chesterfield Township Athletic Association**, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of **Chesterfield Township Athletic Association**, its employees, volunteers, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any **Chesterfield Township Athletic Association** event.

Signature of Parent/Guardian: _____ Date: _____

Print Name of Parent/Guardian: _____

Name of Participant: _____ DOB of Participant: ____/____/____