

## MYBF Travel Baseball 2020-21 Registration and Health Assessment

Player's Name \_\_\_\_\_ DOB \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Parent/Guardian's Email \_\_\_\_\_

Parent/Guardian's Cell # \_\_\_\_\_

Has the player tested positive for Covid-19 in the last 10 days?

Yes

No

Is the player currently experiencing any of the following? (check all that apply):

Fever/chills

Fatigue

Muscle or body aches

Headache

New loss of taste or smell

New or worsening cough (not due to allergies/asthma)

Sore throat

Shortness of breath (not due to asthma)

Congestion (not due to allergies)

Nausea/vomiting

Diarrhea

Has the player been in close contact with someone with COVID 19 in the last 14 days?

Yes

No

Has the player traveled to any restricted areas or been in contact with someone who has in the last 14 days?

Yes

No

Daily temperature (F): \_\_\_\_\_

\*\*\*Please note that any player deemed high risk for Covid-19, based on the above, will not be able to participate in the tryout that evening, should seek medical attention, and will not be allowed back to tryouts without a note from their pediatrician.