



Player Information

Name	Association Name: Southern Youth Football & Cheer ("SYFC")	Team (Age Group)
Have you been in close contact with any person that has tested positive for COVID-19 in the past 14 days? <div style="display: flex; justify-content: space-between; margin-top: 5px;"> _____ Yes _____ No </div>		

COVID-19 Disclosure, Acknowledgement and Waiver

Are you experiencing any new or worsening symptoms of possible COVID-19?
(Initial next to Symptoms)

_____ Cough
 _____ Shortness of breath/Difficulty breathing
 _____ Chills
 _____ Repeated Shaking with Chills
 _____ Muscle Pain
 _____ Headache
 _____ Sore Throat
 _____ Loss of taste or smell
 _____ Diarrhea
 _____ Feeling feverish or have a temperature equal to or greater than 100 deg. Fahrenheit
 _____ Currently living with someone his has symptoms of COVID-19

 _____ None of the above/No Symptoms

Temperature Certification:
 _____ I certify that I took my temperature before arriving at the field today and it was less than 100 degrees Fahrenheit.

Initials _____

Temperature reading @ time of Check In = _____

Duty to Inform: I will inform you if I knowingly come in contact with someone who tested positive within 14 days prior. I will inform you and not attend SYFC activities for 14 days if I develop any of the above symptoms. If I test positive for COVID-19, I will not return to SYFC activities without medical clearance.

COVID-19 has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread from person-to-person contact. Federal, state, and local governments and health agencies recommend social distancing and have, in many areas, prohibited group activities. SYFC is taking steps to reduce the spread of COVID-19; however, SYFC cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending SYFC activities could potentially increase the 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 SYFC activities 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 may result from the act, omission, or negligence of myself and others, including, but not limited to, SYFC volunteers, and other participants and their families.

I voluntarily agree to assume 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 incur by reason of SYFC ("Claims"). On my behalf, and on behalf of my children, I hereby release and covenant not to sue SYFC, volunteers, agents, and representatives, of and from the Claims

Signatures

Participant Signature	Date:	Parent's Signature:
Witness		Witness