



## Sign-in Participant Acknowledgment

This is to acknowledge the following: (Please Check Boxes if "YES")

- My child is NOT currently experiencing any COVID-19 symptoms such as dry cough, fever, shortness of breath, difficulty breathing, chills, sore throat, or new loss of sense of smell and/or taste.
- My child has NOT experienced any COVID-19 symptoms within the last fourteen (14) days.
- No one in my household has experienced COVID-19 symptoms or tested positive for COVID-19 within the last fourteen (14) days.
- My child has not been exposed to a person with known or suspected COVID-19 within the last fourteen (14) days.
  - Exposure based on CDC guidance means having close contact, less than six (6) feet, for 15 minutes or more, with a person who has tested positive for COVID-19 or has COVID-19 symptoms.*
- My child has NOT been placed on quarantine restrictions by a medical doctor or healthcare professional in the past fourteen (14) days.

*I understand that participants with a fever of 100.4 degrees or higher, cough or who exhibit other COVID-19 symptoms will not be allowed to participate in the event.*

**Full Name:** \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Current Address:-**

\_\_\_\_\_

Number

Street

City

State

Zip

**Phone Number:** \_\_\_\_\_

### For Office Use Only:

\_\_\_\_ Participant's temperature has been checked and it is less than 100.4 degrees.

\_\_\_\_ Participant's temperature has been checked and it is NOT less than 100.4 degrees.

Temperature: \_\_\_\_\_ Time Recorded: \_\_\_\_\_