

WEST COAST REGIONAL SHOWCASE

Salt Lake City, Utah- October 9-11, 2020



PERSONAL INFORMATION

Player's Name: _____	Date of Birth: _____
Club Name: _____	Team: _____
Coach: _____	
Each Player is Permitted 2 Spectators	

PRE-SCREENING QUESTIONS (TO BE ANSWERED 5 DAYS PRIOR TO EVENT)

1) Have you been exposed to anyone diagnosed with COVID in the last 14 days?	YES	NO
2) Have you been diagnosed with COVID in the last 14 days?	YES	NO
3) Have you attended a large event with more than 20 people in the last 7 days?	YES	NO
4) Have you run a fever of more than 99.9 in the last 72 Hours?	YES	NO
5) Do you now or have you had a headache in the last 72 Hours?	YES	NO
6) Have you lost your sense of smell or taste in the last 72 Hours?	YES	NO
7) Have you had any body aches in the last 72 Hours?	YES	NO
8) Have you felt nauseous in the last 72 Hours?	YES	NO
9) Have you had trouble breathing or catching your breath in the last 72 Hours?	YES	NO
10) Were you quarantined for any reason because of COVID in the last 7 Days?	YES	NO
11) Have you had a significant loss of energy in the last 72 Hours?	YES	NO
12) Have you had a cough or chronic coughing in the last 72 Hours?	YES	NO
13) Have you had a sore throat in the last 72 Hours?	YES	NO
14) Have you had congestion or a runny nose in the last 72 Hours?	YES	NO
15) Have you had repeated shaking or tremors in the last 72 Hours?	YES	NO

STATEMENT ACKNOWLEDGEMENT

I acknowledge that I have answered the above questions honestly and to the best of my ability. I also understand that I must wear a mask when I arrive at the event, must be pre-screened before reporting to my field, I must wear a mask prior to warming up and while on the bench and that the only time I am not required to wear a mask is when I am warming up or playing in the game. It is also understood that the people I designate as my 2 spectators must also wear a mask upon entering the facility and must continue to wear a mask while they remain at the facility. Social distancing is in effect during the showcase, and spectators must always remain at least 6 feet apart. I understand that if I do not follow this that I will not be permitted to play and will be asked to leave the complex immediately. By signing this I acknowledge and agree to these terms.

Player Signature: _____ Date: _____

Parent Signature: _____ Date: _____

This Form Must Be Completed by Each Player and presented to tournament staff prior to your first match.