



COVID-19 PARTICIPATION WAIVER

INSTRUCTIONS: Each participant must bring a signed copy to training before they are eligible to play.

IN CONSIDERATION OF _____, my child/ward, being allowed to
PARTICIPATE IN ANY WAY WITH CANTON SOCCER CLUB TEAM TRAINING, THE UNDERSIGNED ACKNOWLEDGES AND AGREES THAT:

1. Have you had close contact (within 6 feet for at least 10 minutes) in the last 14 days with someone diagnosed with COVID-19, or has any health department or health care provider been in contact with you and advised you to quarantine?

YES

NO

2. Since you last played, have you had any of these symptoms?

- Sore Throat or Cough
- Temperature greater than or equal to 100.4°F (38°C)
- Fever or Chills
- Shortness of Breath
- Fatigue or Muscle or Body Aches
- Headaches
- New Loss of taste or smell
- Congestion or runny nose
- Nausea or Vomiting
- Diarrhea

YES

NO

3. Since you last played, have you been diagnosed with COVID-19?

YES

NO

I understand that if I answered "YES" to any of the above questions each day that I must not come to camp and participate. I also understand that I must contact my coach ASAP and seek medical attention.

Parent Name (Print): _____ Date: _____

Parent Signature: _____