



**GYFA Youth Football
COVID-19 Symptom Assessment & Waiver**

Participant's Name: _____ Parent's Name: _____

Yes	No	Symptom
		Cough
		Shortness of breath or difficulty breathing
		Fatigue
		Muscle or body aches
		Headache
		New loss of taste or smell
		Sore throat
		Congestion or runny nose
		Nausea or vomiting or diarrhea

To help protect the public spread of Coronavirus/COVID-19, I confirm that my child will be screened for the above symptoms on a DAILY BASIS PRIOR TO COMING TO PRACTICE. IF he/she answers "YES" to any of the above questions, then the child will not participate in practice and follow local guidelines in care regarding a return to practice.

Parent/Guardian Signature

Date

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren), my family, and I may be exposed to, or infected by, COVID-19 by attending GYFA Football program, and that such exposure or infection may result in personal injury, illness, permanent disability and/or death. I understand that the risk of becoming exposed to, or infected by, COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, GYFA Youth Football coaches, volunteers and program participants and their families.

Parent/Guardian Signature

Date

