



Bainbridge-Guilford Team & Spectator Roster

Sport and Level: _____

By providing your information below, you are agreeing to answering “NO” to all of the questions below.

(1) In the past 14 days, have you had direct contact with someone that has tested positive for, or who is suspected of having COVID-19? (2) Do you feel feverish or have a temperature over 100.0 degrees? (3) Do you have a new (last 72 hours) persistent cough or difficulty breathing? (4) Have you been told to quarantine by the public health department? (5) Have you travelled to any of the states prohibited by the Governor’s Executive Order?

Name of Athlete	Phone Number	Email Address	Today’s Date
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