



COVID-19 INTAKE FORM

Parent/Guardian's Full Name _____

Student(s)/Camper(s) Name(s) _____

Cell Phone _____

Please respond "yes" to all questions by checking the corresponding box next to the statements below.

- I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious. I understand also that it is impossible to determine who has it and who does not, given the current limits in virus testing.
- I confirm that neither my child(ren) nor myself (hereinafter "**we**" and/or "**our**") is presenting any of the following symptoms of COVID-19:
 - Temperature above 100 degrees
 - Shortness of breath
 - Loss of sense of taste or smell
 - Dry cough
 - Sore Throat
- I confirm that **we** have not been around anyone with the above-mentioned symptoms in the past 14 days.
- I confirm that **we** do not live with anyone who is currently sick with or quarantined due to the presence or suspected presence of the COVID-19 virus.
- I understand that failure to adhere to social distancing guidelines increases **our** risk of contracting and transmitting the COVID-19 virus. I understand that the CDC and OSHA both recommend maintaining a social distance of at least 6 feet.
- I verify that **we** have not traveled outside the United States in the past 14 days.
- I verify that **we** have not traveled interstate within the United States by commercial airline, bus, or train within the past 14 days.
- I understand that if my child is carpooling, the adult responsible for "drop-off" is then responsible for all children traveling in that carpool and has permission to sign forms for my child if needed.
- I understand Five-Star Sports Academy's right of refusal for the safety of all families and employees.

Signature: _____ Date: _____
