



Athlete/ Coach/ Attendee Screening

Please fill out the following screening for your student athlete the morning of game day. Please Keep This Document With You In The Case It Is Needed By Tournament Officials or Local Health Department

	Repeated Shaking/ Chills	Cough	Shortness of Breath	New Loss of Smell/ Taste	Diarrhea/ Nausea	Muscle/ Body Aches	Headache	Congestion/ Runny Nose
Temperature	YES	YES	YES	YES	YES	YES	YES	YES
Enter	NO	NO	NO	NO	NO	NO	NO	NO

Waiver of Responsibility

I understand the hazards of the novel coronavirus (“COVID-19”) and am familiar with the Centers for Disease Control and Prevention (“CDC”) guidelines regarding COVID-19. I acknowledge and understand that the circumstances regarding COVID-19 are changing from day to day, and that accordingly the CDC guidelines are modified and I accept full responsibility for familiarizing myself with the most recent updates. Notwithstanding the risks associated with COVID-19, which I readily acknowledge, I hereby willingly allow my son/daughter to participate in the Ohio Youth Basketball Events. I hereby acknowledge this waiver and permission form shall include any and all claims, demands, suits judgements, losses or expenses of any nature whatsoever relating to, directly or indirectly , the infection of COVID-19.

I (Parent/ Guardian Name) _____

allow (Student Athlete Name) _____

to participate in the Ohio Youth Basketball Events, and hereby agree to the above paragraph.

Date: _____ Phone Number: _____

Mailing Address: _____

Email Address: _____