



## NEVADA COVID-19 QUESTIONNAIRE

**Player Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_ I do not currently, nor have I had in the last two weeks, a fever of 100.5 degrees Fahrenheit or higher, dry cough, shortness of breath, sore throat, runny nose, loss of smell/taste, nausea, diarrhea, or other cold symptoms.

\_\_\_\_\_ To the best of my knowledge, neither I nor any member of my immediate household has tested positive or currently has a presumptive positive COVID-19 test result in the last 14 (fourteen) days. Also, neither myself nor any member of my immediate household is in self-quarantine as requested by a physician or a Department of Health.

By signing this form below, I agree that I will not hold Rocky Mountain Baseball or Mesquite City responsible should I, or someone I come in contact with, become positively or presumptively positively diagnosed with the COVID-19 virus. There are certain inherent risks associated with playing youth sports in a pandemic and I assume full responsibility for personal illness that may result and further release and discharge Rocky Mountain School of Baseball and Mesquite City for injury, loss or damage arising out of this tournament. I understand that COVID19 infection can lead to illness, disability, or even death and knowingly take the risk of exposure throughout this tournament. I knowingly and willingly consent to play in the Spring Break Tournament based on the previously mentioned inherent risks.

**Are you a coach?** YES / NO

If so, have you been tested for COVID or COVID Anti-Bodies or received the Vaccine? YES / NO

**Parent / Guardian Signature**

**Print Name**

**Date**

\_\_\_\_\_

\_\_\_\_\_

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**Parent / Guardian Signature**

**Print Name**

**Date**

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**Minor Name (1)**

**Minor Name (2)**

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**Minor Name (3)**

**Minor Name (4)**

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**Minor Name (5)**

**Minor Name (6)**