

This Form must be completed, signed, and turned in at Sunday Check in day.

(fully vaccinated is two weeks after your final vaccination shot is administered)



Staff & Participant Questionnaire:

*Participants include athletes, coaches, and any other required support staff that are essential to the delivery of the competition, training, or camp program. (*Please complete and sign this form the morning of Sunday Check in.)*

Camper Last Name: _____ First Name _____

- MAFH Camp Session: _____
- ***Mandatory if not Fully Vaccinated:** Proof of a negative Covid-19 test within 72 hours of Check in date *please provide a copy of the negative Covid-19 PCR laboratory test. (*no at home self-administered tests accepted)
- ***Recommended Covid 19 vaccination:** Yes _____ No _____ Date: _____
*please provide a copy of the Covid-19 Vaccination Record Card

• Temperature: _____ °F Date: _____ (taken Sunday am of check in)

If any responses below are “Yes” the participant will not be allowed to enter the camp session or venue. Close contact refers to being within 6-feet for more than 10 consecutive minutes without PPE equipment.

- I have tested positive for COVID-19 in the past 14 days: Yes _____ No _____ Date: _____
- I have been in close contact with someone who has tested positive or is confirmed to have COVID-19 within the last 14 days: Yes _____ No _____
*If fully vaccinated and no symptoms, participant will be allowed to attend.
(fully vaccinated is two weeks after your final vaccination shot is administered)

- Experiencing symptoms of COVID-19
 - Fever/Chills: Yes _____ No _____
 - Cough: Yes _____ No _____
 - Sore Throat: Yes _____ No _____
 - Short of Breath: Yes _____ No _____
 - Loss of Taste/Smell: Yes _____ No _____
 - Nausea/Vomiting: Yes _____ No _____
 - Fatigue: Yes _____ No _____
 - Congestion/Runny Nose: Yes _____ No _____
 - Muscle or Body aches: Yes _____ No _____

PARTICIPANT SIGNATURE Date: _____

PARENT/GUARDIAN SIGNATURE Date: _____