

## Athlete Admittance Ticket

Parents/Caregivers complete the Athlete Admittance Ticket before EACH practice.

Players without a ticket will NOT be allowed to participate. **NO EXCEPTIONS!**

\_\_\_\_\_  
Player First Name

\_\_\_\_\_  
Player Last Name

Team: \_\_\_\_\_

Player temperature prior to attending practice: \_\_\_\_\_

Does the player live in the same household or have close contact with someone who in the last 14 days has been in isolation for COVID-19 or had a test confirming the virus. **Yes No**

Has the player or anyone in the family (household) been in contact with someone who has tested positive for COVID-19 in the last 14 days? **Yes No**

Has the player or anyone in the family (household) been asked to quarantine due to NJ COVID 19 travel restrictions. If yes, please list player/family member and dates of quarantine. **Yes No**

Dates of quarantine: \_\_\_\_\_

Family member: \_\_\_\_\_

Has the player exhibited any of the following symptoms today (or within the last 24 hour) which cannot be better explained by another condition?

Fever	<b>Yes</b>	<b>No</b>	Difficulty Breathing	<b>Yes</b>	<b>No</b>
Chills	<b>Yes</b>	<b>No</b>	Unusually Weak/Fatigued	<b>Yes</b>	<b>No</b>
Repeated Shaking/Shivering	<b>Yes</b>	<b>No</b>	Loss of Taste or Smell	<b>Yes</b>	<b>No</b>
Cough	<b>Yes</b>	<b>No</b>	Muscle Aches or Pain	<b>Yes</b>	<b>No</b>
Sore Throat	<b>Yes</b>	<b>No</b>	Runny/Congested Nose	<b>Yes</b>	<b>No</b>
Shortness of Breath	<b>Yes</b>	<b>No</b>	Diarrhea	<b>Yes</b>	<b>No</b>

Please provide additional information if symptoms present are better explained by another condition (e.g. exercise induced muscle soreness, diagnosed seasonal allergies).

If the player is experiencing any of the above symptoms prior to practice, without an explanation not related to possible COVID-19, the player is required to STAY HOME from practice until symptom free.

I certify to the best of my knowledge; this information is accurate.

\_\_\_\_\_  
parent/caregiver full name printed

\_\_\_\_\_  
date

\_\_\_\_\_  
parent/caregiver signature