

**AFFIDAVIT OF COMPLIANCE WITH COVID GUIDELINES
(For Minors)**

I CERTIFY that my student athlete(s) will not attend any Wilco Football/Cheer practice, game or event unless they answer “NO” to each and every one of the following symptoms and questions. I certify that I will screen my student athlete(s) prior to every Wilco Football/Cheer practice, game or event.

I CERTIFY that whomever in my household drops off or picks up my student athlete(s) will also have answered “NO” to each and every one of the following symptoms and questions below. I certify that the driver will be screened prior to every Wilco Football/Cheer practice, game or event.

I AUTHORIZE Wilco Football/Cheer to screen my student athlete(s) during every Wilco Football practice, game or event to comply with TAI AO guidelines.

I AGREE that if my student athlete answers “YES” to even one of the following symptoms that my child will be isolated for the safety of others.

I AGREE that I will immediately pick up my student athlete(s) when a representative of Wilco Football/Cheer requests me to do so.

SYMPTOMS AND QUESTIONS

- Feeling feverish or a measured temperature greater than or equal to 100.0 degrees Fahrenheit
- Loss of taste or smell
- Cough
- Difficulty breathing
- Shortness of breath
- Headache
- Chills
- Sore throat
- Shaking or exaggerated shivering
- Significant muscle pain or ache
- Diarrhea
- Been in close contact with anyone who has been confirmed to have COVID-19

Sworn to this _____ day of _____, 20__.

Signature: _____ (Parent/Guardian)

Printed Name: _____

Athlete Name: _____ Athlete Name: _____

Athlete Name: _____ Athlete Name: _____