



# Athlete Daily Admittance Ticket

Parents/Caregivers complete the Athlete Admittance Ticket before EACH camp session. Players without a ticket will NOT be allowed to participate.  
**NO EXCEPTIONS!**

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

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

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

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

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 camp, without an explanation not related to possible COVID-19, the player is required to STAY HOME from camp until symptom free.

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

\_\_\_\_\_  
Parent/Caregiver Full Name

\_\_\_\_\_  
Parent/Caregiver Signature

\_\_\_\_\_  
Date