

**Health Screening Questionnaire/ Liability Waiver**



**Complete and turn in to the coach prior to activity the first practice.**

\_\_\_\_\_  
Participant's Name

\_\_\_\_\_  
Date

Does the participant have any of the following symptoms {circle yes/no}

- |   |     |    |
|---|-----|----|
| 1. Temperature/ fever of 100.4 F or above during the past seven (7) days? | YES | NO |
| 2. New or worsening cough during the past seven (7) days?                 | YES | NO |
| 3. Shortness of breath during the past seven (7) days?                    | YES | NO |

If ALL the above are NO, the participant will be allowed to participate that day.

If ANY of the above are YES, the participant will be asked to end the session at that time.

I agree to pre-screen myself and/ or my child each additional attendance day for the above symptoms and will stay home if any of the symptoms appear.

This program is sponsored by the Centennial Youth Football Association (CYFA). This program is not sponsored by the City of Circle Pines, the City of Lino Lakes, the City of Centerville, or Centennial School District No. 12.

Parent's signature is an acknowledgment that the parent grants the child his or her permission to participate in the CYFA tackle football program. The signature also operates as an acknowledgment that both the parent and participant are aware of the fact that football is a contact sport, and that there are some injury risks inherent in participation in the sport of tackle football. Parent, on behalf of his or her child, agrees to assume the risks inherent in the sport of tackle football. In addition, Parent, on behalf of his or her child, acknowledges that he or she is aware of the possible risks of exposure to COVID-19, and acknowledges that even though the CYFA tackle football program and the leagues that its teams participate in are taking all recommended precautions to protect against exposure to COVID-19, there are no precautions that can guarantee that any participant will not be exposed to COVID-19. Parent, on behalf of his or her child, agrees to assume the risks that his or her child may be exposed to COVID-19 as a result of his or her child's participation in the CYFA tackle football program. Parent acknowledges that CYFA does not provide medical, health, or hospitalization insurance for participants. Parent also acknowledges and agrees by his or her signature that he or she, on behalf of his or her child, shall not hold CYFA, Centennial School District No. 12, the City of Circle Pines, the City of Lino Lakes, the City of Centerville, the Twin City North Youth Football League, the North Suburban Football League, the Northwest Suburban Football League, or the communities participating in those leagues responsible for injuries sustained by his or her child as a result of the child's participation in the CYFA tackle football program, and will not seek damages in any legal venue for any injuries sustained or contract of COVID-19 by his or her child.

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Print Name