

Health and Wellness Screening

MANDATORY: BRING THIS FORM WITH YOU TO CAMP

(You will not be admitted to camp without this form, completed and signed.)

My child/ward, _____, has not had any flu-like symptoms such as fever (Temp >100 F), headache, shortness of breath, and/or cough for at least 14 days prior to attending this camp.

My child/ward, _____, is in a healthy physical state.

In addition, my child/ward, _____, has not had any contact with a person who has had flu-like illness within 14 days prior to the camp date.

My child/ward, _____, has not had nor has an immediate family member who has travelled to China, South Korea, Iran and Italy within the last 14 days.

My child/ward, _____, has no family member or associate who has had a fever, cough, or difficulty breathing within the last 14 days or has possible exposure to COVID-19.

US Sports Camps reserves the right to turn away any camper arriving at camp showing symptoms of possible infection.

Signature of Parent/Guardian

Date