



# Naperville Yard

## DAILY HEALTH SCREENING CERTIFICATION

THIS FORM IS REQUIRED BEFORE THE START OF YOUR RENTAL

### Recreational Soccer -

TEAM/CLUB/RENTER NAME

Player's Name (Printed)

I, understand, as an authorized representative of the above team/club/renter, certify that within the last 60 minutes I have screened all athlete, coaches, and family/spectators participating with the above name, and attest that every athlete, coach and family/spectator has been verified to exhibit none of the following symptoms:

- A fever in excess of 100 degrees, confirmed by thermometer
- Cough
- Sore throat
- Congestion or runny nose
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- Loss of taste or smell
- Nausea or vomiting
- Diarrhea

Player Temp:

I also certify that I have in my possession documentation that all parties listed above have been screened.

I understand that any athlete or coach who exhibits any of the above listed symptoms may not participate for the duration of the rental and should cease any interaction with other athletes, coaches and spectators.

Parent/Guardian Printed Name

\*\*\*Emergency Phone #

Coach Name

Parent/Guardian SIGNATURE

Time

Date