XC Town USA Meet of Champions

Coach/Parent/Name: Contact Number or Email:

Club:

		COVID_19 Athlete/Coach Monitoring Form										
	Circle Yes/No Below											
Athlete's Name	Fever of more than 100.4F		Cough		Sore Throat		Shortness of Breath		Close contact, or cared for someone with COVID-19 in last 14 days		If Yes, has athlete tested Negative since that time	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No

Signature below certifies that all participants (coaches/sponsors/athletes/participants) have been screened for COVID-19 symptoms/exposures and have no current issues that will make it unsafe to participate in today's activities/events. I also agree that my athlete(s) will follow all safety protocols/modifications and failure to do so will result in removal from this event.

Coach/Parent/Sponsor Signature: Date: