

Challenger Baseball In-Person Training Camps Health Pass

The most important thing families can do to help slow the spread of COVID-19, is to screen their athletes and themselves daily for symptoms of COVID-19 and also follow the circumstances in which they should stay home.

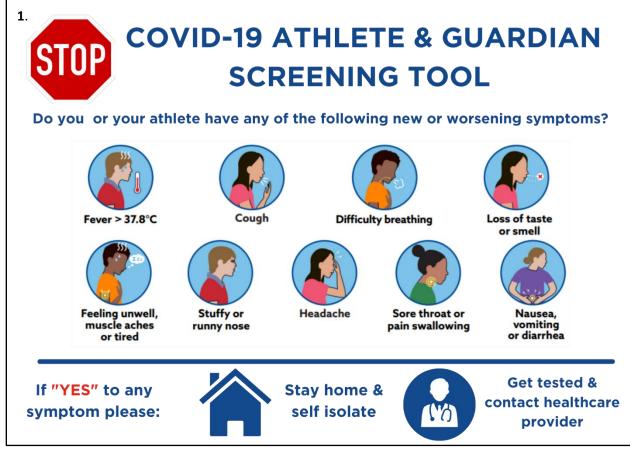
Review this COVID-19 checklist daily with your athlete and their on-field support person. Sign* below each day to confirm that your athlete, and their support person, does not have any symptoms or have other exposure to COVID-19. We all have a role in keeping our Challenger Baseball programs safe and healthy. If you have more than one athlete, please complete separate forms.

Athlete Name	e:			
On-Field Sup	port Person Name :			
Date:	Signature	Date:	Signature	
Date:	Signature	Date:	Signature	
Date:	Signature	Date:	Signature	
Date:	Signature	Date:	Signature	
Date:	Signature	Date:	Signature	
Date:	Signature	Date:	Signature	
Date:	Signature	Date:	Signature	
Date:	Signature	Date:	Signature	
*Parent/Gua	rdian are able to sign on the a	thlete's behalf if they are	unable to do so.	









2: Does anyone in your household have one or more of the above symptoms? YES \square ~ NO \square

3: has anyone in your household travelled outside of Canada in the past 14 YES I NO I days?

4: Has anyone in your household been notified as a close contact of someone YES \square NO \square with COVID-19 or been told to stay home and self-isolate?

If "YES" to questions 2, 3, or 4: Please <u>stay home</u> and follow your <u>local health authority's</u> advice.

*Athletes who have an existing health condition identified by a health care provider that gives them the symptoms should not answer YES, unless the symptom is **new, different or getting worse**. Look for changes from your child's normal symptoms.