

**Central Park Box Lacrosse League
Athlete Admittance Ticket**

Parents/Caregivers complete the Athlete Admittance Ticket before each game.
Players without a ticket will NOT be allowed to participate. **NO EXCEPTIONS!**

Player First Name Player Last Name

Team: _____

Player temperature prior to attending practice: _____

Does the player live in the same household or have close contact with someone who in the last 14 days has been in isolation for COVID-19 or had a test confirming the virus. **Yes No**

Has the player or anyone in the family (household) been in contact with someone who has tested positive for COVID-19 in the last 14 days? **Yes No**

Has the player or anyone in the family (household) been asked to quarantine due to NJ COVID 19 travel restrictions. If yes, please list player/family member and dates of quarantine.

Yes No

Dates of quarantine: _____ Family member: _____

Has the player exhibited any of the following symptoms today (or within the last 24 hour) which cannot be better explained by another condition?

Fever	Yes	No	Difficulty Breathing	Yes	No
Chills	Yes	No	Unusually Weak/Fatigued	Yes	No
Repeated Shaking/Shivering	Yes	No	Loss of Taste or Smell	Yes	No
Cough	Yes	No	Muscle Aches or Pain	Yes	No
Sore Throat	Yes	No	Runny/Congested Nose	Yes	No
Shortness of Breath	Yes	No	Diarrhea	Yes	No

Please provide additional information if symptoms present are better explained by another condition (e.g. exercise induced muscle soreness, diagnosed seasonal allergies).

If the player is experiencing any of the above symptoms prior to practice, without an explanation not related to possible COVID-19, the player is required to STAY HOME from practice until symptom free.

I certify to the best of my knowledge; this information is accurate.

parent/caregiver full name printed date

parent/caregiver signature