Date:_____ Time:_____ Location:_____ Field: 1 2 3 4 Softball Division: 10U

RLL Participant & Volunteer COVID INFORMATION FORM: Fill in: date, time, location. Circle: field, softball/baseball, division & yes/no answers

	Player/Coach/Volunteer/ Umpire/League Official Name	In the last 14 days have you, your child or anyone in your direct family traveled outside the US or to an area in the US where COVID-19 is spreading?		In the last 14 days, did you, your child or anyone in your direct family care for or have close contact with someone diagnosed with COVID-19? Or Is in Quarantine or is presumptive positive for COVID-19?		In the last 14 days, has your child, your or anyone in your direct family had any of the following symptoms: Fever (over 100.4) or Chills, Cough, Shortness of breath or difficulty breathing, Fatigue, Muscle or body aches, Headache, New loss of taste or smell, Sore Throat, Congestion or runny nose, Nausea or Vomiting, Diarrhea		Is the Result of today's on-site Touchless Thermometer Screening above 100.4 degrees F?		Parents Initials
1		YES	NO	YES	NO	YES	NO	YES	NO	
2		YES	NO	YES	NO	YES	NO	YES	NO	
3		YES	NO	YES	NO	YES	NO	YES	NO	
4		YES	NO	YES	NO	YES	NO	YES	NO	
5		YES	NO	YES	NO	YES	NO	YES	NO	
6		YES	NO	YES	NO	YES	NO	YES	NO	
7		YES	NO	YES	NO	YES	NO	YES	NO	
8		YES	NO	YES	NO	YES	NO	YES	NO	
9		YES	NO	YES	NO	YES	NO	YES	NO	
10		YES	NO	YES	NO	YES	NO	YES	NO	
11		YES	NO	YES	NO	YES	NO	YES	NO	
12		YES	NO	YES	NO	YES	NO	YES	NO	
13		YES	NO	YES	NO	YES	NO	YES	NO	
14		YES	NO	YES	NO	YES	NO	YES	NO	
15		YES	NO	YES	NO	YES	NO	YES	NO	
16		YES	NO	YES	NO	YES	NO	YES	NO	
17		YES	NO	YES	NO	YES	NO	YES	NO	
18		YES	NO	YES	NO	YES	NO	YES	NO	

Completed by:_____ **Signature:**_____ **Date:**_____

Parents to fill out this form in full and submit to a coach before each practice, game and/or event