



Daily Attestation Form

August 2

August 3

August 4

In order to gain entry into the camp each day, you must print this form and present it at check-in.

1. Has the participant experienced symptoms of a respiratory infection in the past 48 hours (cough, shortness of breath or difficulty breathing, fever, chills or sore throat)?
 - a. **YES / NO**
2. Has the participant had a recent loss of taste or smell?
 - a. **YES / NO**
3. In the last 14 days, has the participant had contact with someone with confirmed or suspected of COVID-19?
 - a. **YES / NO**
4. Is the participant isolating or quarantining because he/she tested positive, may have been exposed to a person with COVID-19, or is worried that he/she may be sick with COVID-19?
 - a. **YES / NO**
5. Does the participant have a temperature of 100.4 or higher this morning?
 - a. **YES / NO**

If you answer **YES** to any of these questions, **DO NOT ATTEND CAMP**. Please email info@hubsportscenter.org to let us know you will not attend today.

Participant Name: _____

I attest that the information provided above is accurate to the best of my knowledge.

Parent/Guardian Signature: _____

Parent/Guardian Name: _____

Date: _____