



Eastern Mass Youth Football - Fall 2020 Season **PARENT PLAYER HEALTH VERIFICATION LETTER**

Please complete ONE SIGNATURE TAB BELOW for every practice and game. Have your player hand a signature tab to his coach upon arrival at each practice and game.

This is a ZERO tolerance COVID Protocol.

If your player arrives and cannot produce a parent or guardian signed verification signature tab, your player will be separated from all other players and you will be called to retrieve your player immediately.

Due to the COVID-19 pandemic, we are asking that players and parents' consent to adhering to the guidelines set forth in the Fall 2020 7 vs. 7 COVID-19 Modified Rule Book for Elementary and Middle School Grades K-8th. And, verify before each practice and game that they and their personal interactions outside of football don't pose any additional COVID exposure or risk to our other players, our coaches or our officials.

By signing and submitting this form at each practice and game, you consent and are verifying the following about your child that is participating in EMAYFC:

1. I certify that my child has not had close contact with a person confirmed to have COVID-19 within the last 14-days or since the last time at practice or a game.
2. I certify that my child does not currently, and has not had in the past 24 hours, any of the following symptoms:
 - a. A fever above 100.4° F / 38° C, or felt feverish;
 - b. Chills; Muscle pain; Sore throat; or New loss of taste or smell, Shortness of breath or difficulty breathing, or
 - c. A headache or fatigue combined with any of the above symptoms
3. I also certify that all persons in my care or with whom my child shelters with meet the criteria described in items 1& 2 above.
4. I have read and understand the Fall 2020 7 vs. 7 COVID-19 Modified Rule Book For Elementary and Middle School Grades K-8th
 - a. 2020 and make the above certifications under the pains and penalties of perjury.

Athletes and Coaches who develop or display symptoms during a workout session will be isolated, masked and sent home immediately.



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PARENT PLAYER HEALTH VERIFICATION LETTER	
Today's Date _____	I CERTIFY:
Player's Name _____	<input type="checkbox"/> That my child has not had close contact with a person confirmed to have COVID since our last practice or game
Player's Grade _____	<input type="checkbox"/> That my child does not currently, and has not had in the past 24 hours, any of the outlined COVID-19 symptoms
Coach's Receipt Initials _____	<input type="checkbox"/> My child does not have a fever above 100° F / 38° C, or has felt feverish in the past 24 hours
Guardian Signature _____	



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