



Name of Practice/Competition:		Location:	
Date of Practice/Competition:		Timeframe of Practice/Competition:	
Team/Agency Name (if practice):		Team/Agency Code (if practice):	
Phase (circle the phase in which you are currently in)	1	2	3

Participant First and Last Name	Participant Type (Athlete, Unified Partner, Coach, Volunteer, Staff, Family/Caregiver)	Contact Information (Email and Phone)	Acknowledgement of Risk Signed? (Yes/No)	Screened? (Yes/No) Only necessary for Phases 1 & 2	Sign or Symptoms of COVID-19? (Yes/No) Only necessary for Phases 1 & 2

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