

Traverse City Waves

Summer Softball Series

Roster and Illness Screening

The purpose of this form is to ensure that all participants in this event have documented that they have been self-screened for basic COVID-19 symptoms. Please turn in this form upon arrival at the check-in tent. Without this form your team WILL NOT BE ALLOWED TO PARTICIPATE. Please complete the roster form below including player name, parent phone number, and check the illness screening box when completed.

Team Name _____

Coach Name _____

1. Do you have a temperature of 100 degrees or above?
2. Are you experiencing shortness of breath?
3. Do you have cough or sore throat?
4. Have you been exposed to a COVID-19 positive or suspected COVID-19 positive person in the past two weeks?

*****If the answer to any of the above questions is "Yes", your player will not be allowed to participate.***

	Player Name	Parent Phone	Illness Screening?
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			

Coach Signature _____