

## Winter Slam 1

### Daily Symptom Assessment Verification

By signing this form, you are verifying that your team's coaches/managers and players conducted a daily symptom assessment (self-evaluation) and that anyone experiencing COVID-19 symptoms did not travel to the complex.

Circle Date:      Sat. Dec 5      Sun. Dec 6

Your Name (Print): \_\_\_\_\_

Your Signature: \_\_\_\_\_

Team Name: \_\_\_\_\_ Age Group: \_\_\_\_\_

(Form must be signed by the head coach or team manager.)

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