## Kreidel-Beckham Memorial - Lucas County, Ohio 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:	Saturday, May 29th.	Sunday, May 30th.	
Coaches Name:			
Coaches Signature:			
		Age Group:	
(Form must be signed by the he	ead coach or team manger.)		
	1 PER TEAM PER DAY. Please do NO		
Kre	eidel-Beckham Memorial - Lucas Cour	nty, Ohio	
	Daily Symptom Assessment Verificat		
	verifying that your team's coaches/mana aluation) and that anyone experiencing C		
•	Saturday, May 20th	Sunday, May 30th.	
Circle Date:	Saturday, May 29th.		
Coaches Name:			
Coaches Signature:			
Team Name:(Form must be signed by the h	Age Gronead coach or team manger.)	Age Group:ach or team manger.)	
Teams will submit ONE FORI	M PER TEAM PER DAY. Please do NO	OT submit a form for every player.	