

Valentine's 50 - Wood 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: Friday, Feb 12th. Saturday, Feb 13th. Sunday, Sept 13th.

Coaches Name: _____

Coaches Signature: _____

Team Name: _____ Age Group: _____

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

Teams will submit ONE FORM PER TEAM PER DAY. Please do NOT submit a form for every player.

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