

Signature below certifies that all participants (coaches/sponsors/athletes/participants) have been screened for COVID-19 symptoms/exposures and have no current issues that will make it unsafe to participate in today's activities/events. I also agree that my team will follow all safety protocols/modifications and failure to do so will result in removal from this event.	athlete: will ma otocols event.	ipants (coaches/sponsors/athlete have no current issues that will m eam will follow all safety protocol result in removal from this event.	hes/sp ent iss ow all .	s (coac 10 curr vill follo	articipant Ind have I Iny team v resul	hat all poposures a	Signature below certifies that all participants (coaches/sponsors/athl COVID-19 symptoms/exposures and have no current issues that will activities/events. I also agree that my team will follow all safety proto result in removal from this eve	Signature COVID- activities/
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GOLF	SB	J	굮	B VB	BASE	ВЕАСН	SPORT:	
ate of Contest:	Date	,			4	·		School:
							Coach/Sponsor Name:	Coach/Sp
TH.								

This page shall be provided to the opposing school prior to the contest beginning.