YMCA OF THE NORTH SHORE
SHARKS SWIM TEAM

Daily Health Attestation

Athlete's Name: _____ Date: _____

Location and Practice Group: _____

If you are under 18 years of age, has a parent already completed the one time Parent/Guardian COVID Waiver on your behalf found on the team's website under Covid Info? ○ **YES** ○ **NO**

Is your child or anyone in your family exhibiting any of the following symptoms?

○ Temperature of 100.0F or above
○ Chills
○ Unexplained Cough
○ Difficulty Breathing
○ Sore Throat
○ Fatigue
○ New Headache
○ New Loss of Smell or Taste
○ New Muscle Aches
○ Any other sign of illness
○ None of the Above

Have you or a family member traveled outside of a state of MA approved safe states within the last 14 days? ○ **YES** ○ **NO** ○ **MA ONLY-** I or someone in my family has traveled but can provide results of a negative COVID test conducted within the past 72 hours for anyone over the age of 10 years old or, in the instance of a person under the age of 10 years old, a parent's negative COVID test results conducted within the past 72 hours. All test results must be sent directly to Janet Harty, Head Coach at hartyj@northshoreymca.org.

Has your child been instructed by a government entity or doctor to quarantine? ○ **YES** ○ **NO**

The Y is committed to a clean, safe, and healthy environment for our staff and members. This waiver is a requirement from our insurance company. We are following guidelines and are confident in our plans to keep staff and members safe. I fully understand both the known and potential dangers of utilizing the facilities, services, and programs of the YMCA and acknowledge that use thereof may, despite the YMCA's reasonable efforts to mitigate such dangers, result in exposure to COVID-19. By signing below, I attest that I have read and agree to the Assumption of Risk, Release and Waiver of Liability agreement.

Signature: _____
Printed Name: _____