

# SOUTH AMBOY ATHLETICS

## COVID-19 Questionnaire

*(must be submitted before first summer team practice/workout)*

### **New Jersey State Interscholastic Athletic Association**

1161 Route 130 North, Robbinsville, NJ 08691-1104

Phone 609-259-2776 – Fax 609-259-3047

Student's Full Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Cell #: \_\_\_\_\_ Sport: \_\_\_\_\_

### **COVID-19 Questions:**

**Please Circle One**

Has your son/daughter been diagnosed with Coronavirus (COVID-19)? **YES** **NO**

• If diagnosed with Coronavirus (COVID-19), was your son/daughter symptomatic? **YES** **NO**

• If diagnosed with Coronavirus (COVID-19), was your son/daughter hospitalized? **YES** **NO**

Has any member of the student-athlete's household been diagnosed with Coronavirus (COVID-19)? **YES** **NO**

### **Pre-Existing Medical Questions:**

**Please Circle One**

Does your son/daughter have asthma? **YES** **NO**

Does your son/daughter have diabetes? **YES** **NO**

Does your son/daughter have any auto-immune disorders? **YES** **NO**

Does your son/daughter have any significant cardiac disorders? **YES** **NO**

**If you answered YES to any of the above questions, you must get the COVID Physician Evaluation form completed by your physician before you will be permitted to participate**

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By completing this questionnaire and signing below, I acknowledge that I have read the *South Amboy Summer Practices Parent Letter*, and I consent for my son/daughter to participate in summer sports practices, workouts and activities for a South Amboy athletic team. I understand the risks of coronavirus (COVID-19) and acknowledge the potential for transmission of this virus and its possible serious complications. My child and I agree to comply with all policies and procedures as provided by the coaches and administrators.

**Student-Athlete's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_