

Daily COVID-19 Questionnaire

All Bronxville Youth Lacrosse Association Players, Coaches, Managers and Volunteers must complete this COVID-19 questionnaire within 8-hours of participation in any BYLA event. If you answer yes to any of the following questions, you and/or your child may not participate in any BYLA session. See the BYLA Health and Safety Guidelines at <http://bronxvillelacrosse.org> for further information.

1. Within the past 14 days have you (or, if applicable, your child) had a fever of 100.4F or above?
Yes No

2. Within the past 14 days have you (or, if applicable, your child) been in close contact (within six feet for ten minutes or more) with a person who has a confirmed or suspected case of COVID-19?
Yes No

3. Within the past 14 days, have you (or, if applicable, your child) received a positive test result for COVID-19?
Yes No

4. Within the past 14 days have you (or, if applicable, your child) or someone with whom you have had close contact travelled outside of the state to an area that is subject to restrictions due to COVID-19?
Yes No

5. Within the past 14 days have you (or, if applicable, your child) experienced any of the following symptoms not otherwise attributable to a known cause other than COVID-19? Check all that apply:
 - a. Cough
 - b. Loss of taste/smell
 - c. Runny Nose
 - d. Shortness of breath
 - e. Sore throat

I certify that the above information is true and correct:

Name of Player/Coach: _____

Signature of Parent/Guardian: _____

Date: _____

