



Granite Bay FC 2021 CIT Soccer Tryouts

Health Check and Waiver

Name of Player \_\_\_\_\_ Birth Year & Gender \_\_\_\_/\_\_\_\_ Date \_\_\_\_\_

Have you experienced a fever of 100.4 degrees F. or greater in the past 24 hours?

Have you received a positive result from a COVID-19 test within the past 14 days?

In the past 14 days, have you been in close contact with anyone that has or had symptoms of COVID-19 that required you to quarantine?

In the past 14 days, have you or someone you have been in close contact with or traveled to an area that required quarantine upon return?

In the past 14 days, have you been in close contact (within 6 ft. for 15 min. or longer) with anyone who tested positive for COVID-19 or who experienced symptoms associated with COVID-19?

In the past 14 days, have you experienced any of these symptoms that are NOT attributed to another health condition:

Cough

Runny Nose

Sore Throat

Loss of Taste or Smell

Shortness of Breath

By signing below, I hereby release, discharge, and otherwise indemnify GBFC, US Club Soccer, NorCal, their sponsors, the USSF and its affiliated organizations, and the employees and associated personnel of these organizations, against any claim by or on behalf of the soccer player named above as a result of that player's participation in GBFC/US Club Soccer tryouts/programs for injuries sustained while competing in tryouts, trainings, practices and/or games, including illness resulting from COVID-19.

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature