

OC Recreation After School Program Admission Ticket

Parents/Caregivers complete the Campers Admittance Ticket the beginning of each week.
Campers without a ticket will NOT be allowed to participate. **NO EXCEPTIONS!**

Camper Name (First, Last) _____

Group: _____

Camper temperature prior to attending practice: _____

Pre-practice screening - Please circle answer

Does the camper live in the same household or have close contact with someone who in the last 14 days has been in isolation for COVID-19 or had a test confirming the virus?	YES	NO
Has the camper or anyone in the family (household) been in contact with someone who has tested positive for COVID-19 in the last 14 days?	YES	NO

Has the camper exhibited any of the following symptoms today (or within the last 24 hour) which cannot be better explained by another condition:

Fever	YES	NO	Unusually weak/Fatigued	YES	NO
Cough	YES	NO	Loss of taste or smell	YES	NO
Sore Throat	YES	NO	Muscles Aches or Pain	YES	NO
Shortness of breath	YES	NO	Runny/Congested Nose	YES	NO
Repeated shaking/shivering	YES	NO	Diarrhea	YES	NO

Please provide additional information if symptoms present are better explained by another condition (e.g. exercise induced muscle soreness, diagnosed seasonal allergies).

If the player is experiencing any of the above symptoms prior to practice, without an explanation not related to possible COVID-19, the camper is required to STAY HOME from practice until symptom free.

I certify to the best of my knowledge; this information is accurate.

Parent/caregiver full name printed: _____ Date: _____

Parent/caregiver signature: _____