



## ALL AMERICAN BASEBALL ACADEMY

**THIS FORM MUST BE COMPLETED BY A PARENT OR LEGAL GUARDIAN**

**INSTRUCTIONS:** ALL ACADEMY PARTICIPANTS ARE REQUIRED TO COMPLETE THE COVID-19 CHECKLIST BELOW PRIOR TO PARTICIPATING IN ANY ACTIVITIES. PLEASE PRINT OUT THE FORM, AND ANSWER EACH QUESTION. BRING IT WITH YOU OR EMAIL US THE RESULTS AT [AABASTARS@GMAIL.COM](mailto:AABASTARS@GMAIL.COM) AND INDICATE THAT ALL ANSWERS TO THE QUESTIONS ARE NEGATIVE AND INCLUDE THE PARTICIPANT'S TEMPERATURE. **IF YOU ANSWER YES TO ANY QUESTIONS OR IF YOUR TEMPERATURE IS 100.4 F OR HIGHER PLEASE "SELF ISOLATE," DO NOT COME TO THE FACILITY. IF YOU HAVE ANY ADDITIONAL SYMPTOMS CONSIDER CONTACTING A HEALTHCARE PROVIDER.** PARTICIPANTS WITH ADDITIONAL HEALTH CONSIDERATIONS SUCH AS DIABETES, IF YOU ARE IMMUNOCOMPROMISED, HAVE HEART PROBLEMS OR CANCER OR IF YOU ARE OVER 65, PLEASE BE EVEN MORE VIGILANT. **ALL PARTICIPANTS MUST WEAR A PROTECTIVE FACEMASK AT ALL TIMES. BRING YOUR OWN EQUIPMENT, DO NOT SHARE EQUIPMENT. SOCIAL DISTANCE AT ALL TIMES.** DRINK AMPLE FLUIDS BEFORE ARRIVAL. YOUR MINIMAL AMOUNT OF WATER FOR EACH DAY IS HALF YOUR BODY WEIGHT IN OUNCES. IF YOU WEIGH 150 LBS DRINK 75 OUNCES OF WATER. IF YOU ARE ACTIVE DRINK EVEN MORE. BRING YOUR OWN WATER BOTTLE TO HYDRATE. USE OUR HAND SANITIZING STATIONS AS NEEDED. TO MINIMIZE THE NUMBER OF PEOPLE IN THE FACILITY WE ASK THAT PARENTS AND GUARDIANS DROP OFF PLAYERS WITH THEIR FORMS AND WAIT OUTSIDE.

ALL AMERICAN BASEBALL ACADEMY CDC COVID-19 COMPLIANCE CHECKLIST								
Player's Name and Home Phone Number: (please print)	Name:			Home Phone:				
Appointment Date:		Temperature Reading:		Time In:		Time Out:		
PLEASE CHECK APPROPRIATE BOX IN RESPONSE TO QUESTIONS BELOW								
<b>CHECK THE BOX WITH YOUR ANSWER</b>						<b>YES</b>	<b>NO</b>	
1. Have you had any known exposure to, or contact with, any individual with a confirmed case of COVID-19 within the last two weeks?								
2. Have you or anyone in your household traveled to a COVID-19 hot spot in the last two weeks?								
3. Do you have any of the following symptoms?								
a. Persistent cough?								
b. Shortness of breath or difficulty breathing?								
<b>Or at least two of these symptoms:</b>								
<b>c. Fever of 100.4 degrees F or higher? LIST TEMPERATURE HERE! ____ . ____ DEGREES F</b>								
d. Chills?								
e. Repeated shaking with chills?								
f. Muscle pain?								
g. Headache?								
h. New loss of taste or smell?								
i. Sore throat?								
<b>Signature:</b>				<b>Printed Name of Signer:</b>				