



CAMPER & EMPLOYEE HEALTH SCREENING FORM

must be completed the morning of your first day of camp

I am aware that participation in Back to Basics Basketball Camp has some inherent risks and injury, illness and death can occur. I understand that Back to Basics Basketball Camp, its employees, officers, volunteers and/or agents cannot be held liable for any exposure to the COVID-19 virus. If you, your child, or a member of your household are experiencing any of the following symptoms, please stay home: COUGH, SHORTNESS OF BREATH, FEVER, CHILLS, MUSCLE PAIN, SORE THROAT, NEW LOSS OF TASTE OR SMELL.

I understand the above symptoms and affirm that my child, as well as all household members:

___ do not currently have, nor have experienced the symptoms listed above, WITHIN THE LAST 14 DAYS.

___ have not been diagnosed with COVID-19 WITHIN THE PAST 14 DAYS.

___ have not been exposed to anyone diagnosed with COVID-19 WITHIN THE PAST 14 DAYS.

By signing this waiver, I hereby acknowledge that I understand the above terms and conditions and agree to the terms above. I also agree that I am 18 years or older and the legal guardian of the camper attending Back to Basics Basketball Camp.

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian

Print Name of Camper (1)

Print Name of Camper (2)

Print Name of Camper (3)

*****this section to be completed by camp employees only*****

Print Name of Camp Employee

Signature of Employee

Signature of Parent/Guardian if Employee is under 18

Date