



Kelso Youth Baseball Attestation Form—Required

Player Name: _____ Division: _____


Under the direction of the Washington State Department of Health, Kelso Youth Baseball is requiring daily COVID-19 symptoms checks of your player prior to leaving for practice, or competition each day. This requirement is to ensure the safety and public health of Kelso Youth Baseball and our greater Kelso community.

I attest that I will be vigilant for assessing my player for COVID-19 symptoms (shown at right). I will not send my player to the ballfield; (1) with symptoms, (2) if they have been identified as a close contact with a confirmed case of COVID-19, (3) if they have been COVID-19 tested in the last 10 days, or (4) if they have been told to self-monitor, isolate or quarantine.

Parent Name (Please Print)

Parent Signature

Date

 COVID-19 SYMPTOMS
CLASS A:
<input checked="" type="checkbox"/> Fever (100.4 or higher)
<input checked="" type="checkbox"/> Chills
<input checked="" type="checkbox"/> Cough
<input checked="" type="checkbox"/> Loss of sense of taste/smell
<input checked="" type="checkbox"/> Shortness of Breath
CLASS B:
<input checked="" type="checkbox"/> Fatigue
<input checked="" type="checkbox"/> Headache
<input checked="" type="checkbox"/> Muscle Body Aches
<input checked="" type="checkbox"/> Sore Throat
<input checked="" type="checkbox"/> Congestion or runny nose
<input checked="" type="checkbox"/> Nausea or vomiting
<input checked="" type="checkbox"/> Diarrhea