



CREVE COEUR PARKS & RECREATION DEPARTMENT - TEAM ROSTER

COVID-19 Symptoms: Fever of 100.4 or above, chills, new or worsening cough, shortness of breath or difficulty breathing, new or worsening muscle or body aches, new loss of taste or smell, sore throat (different than your seasonal allergies), congestion or runny nose, diarrhea and vomiting.

| Renter: | | Signature: | | Date: | |
|-------------------------------|-------|-------------|---|--|--|
| Participant Full Name (print) | Phone | Temperature | Do you have any symptoms of COVID-19? Yes or No | Had contact with a person diagnosed with COVID-19 in the past 14 days? Yes or No | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |