



Junior Tournaments at Armonk Tennis & Armonk Indoor

— COVID-19 Daily Screening

All players are required to self-monitor with the assistance of parents/guardians for symptoms of COVID-19, and to **return this form each day upon arrival**. Symptoms to be aware of include:

- Fever of 100.4°F or greater
- Chills
- Cough
- Shortness of breath
- Fatigue
- Muscle or body aches
- Headache
- Loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

It should also be determined whether the player has traveled internationally or from any state currently on New York State’s travel advisory list, or been in close contact with anyone who has been diagnosed with, tested for, or quarantined as a result of COVID-19. Fever-reducing medications such as ibuprofen or Tylenol must not have been taken in the past 24 hours.

ACKNOWLEDGEMENT OF DAILY SCREENING

I, the player’s parent and/or legal guardian, affirm that the individual has been monitored for the above symptoms of COVID-19 and shown no symptoms. I affirm that the individual has not traveled internationally or from any state currently on New York State’s travel advisory list, or been in contact with anyone suspected of carrying COVID-19. I affirm that the individual has not taken any fever-reducing medication in the past 24 hours.

Day: MON TUE WED THU FRI SAT SUN Date: _____

ACKNOWLEDGEMENT OF COVID-19 GUIDELINES

I, the player’s parent and/or legal guardian, affirm that we have read and agree to follow the COVID-19 guidelines posted online (www.armonktennis.com/covid19.html).

Printed Name of Player: _____

Signature of Parent/Guardian: _____

PLAYER TEMPERATURE

To be recorded by club staff.

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