



COVID-19 ATTESTATION FORM FOR SUMMER CAMPS

Participant Name: _____

Sport Camp: _____

Date(s) of Camp: _____

By signing and dating this form, you attest that the participant has satisfied the policy requirements outlined below:

1. Upon date and time of signature, the participant has not developed symptoms that might indicate an infection of COVID-19 (temperature of 100.4 or higher, cough, fatigue, unexplained weight loss, or any sinus symptoms unrelated to seasonal allergies).
2. If the participant develops symptoms related to COVID-19 at any point during the camp, the participant will be isolated from other campers or staff until they are able to be picked up by a parent or guardian. If the participant develops symptoms prior to being dropped off at the camp, they will not be allowed to participate until a negative COVID test is received or all symptoms have subsided.
3. The participant has not been identified as being a close contact to another individual who has tested positive for COVID-19 in the past 10 days.
4. In the event that the participant becomes symptomatic or has a positive test for COVID-19 in the 48 hours after the camp, participant or parent/guardian will contact The University of Memphis via the camp director to allow Memphis Officials to contact trace according to CDC guidelines.
5. The participant, as well as the parent/guardian, is aware of their child's risk of contracting COVID-19 and will under no circumstance hold Camp Directors, Medical Staff, Coaches and other university and camp employees liable for the possible subsequent occurrence.

Signature of Parent or Guardian: _____

Date: _____

Printed Name of Parent or Guardian: _____