



Moose Jaw Little League - 2020 Season Sign-In Sheet

Division: _____

Date: _____

Team: _____

Diamond: _____

Coach / Volunteer

Question #1	
Yes	No

Question #2	
Yes	No

Question #3	
Yes	No

Player

Parent / Spectator <i>(Please Print and Ensure Answers to Questions Apply to You as Well)</i>

Question #1	
Yes	No

Question #2	
Yes	No

Question #3	
Yes	No

- | Questions: |
|---|
| #1 - Do you have ANY of the common COVID-19 symptoms: fever, cough, headaches, aches and pains, sore throat, chills, runny nose, loss of sense of taste or smell, shortness of breath or difficulty breathing? |
| #2 - Have you travelled internationally within the last 14 days? |
| #3 - Have you had any close contact with a confirmed or probable COVID-19 case, that you are aware of? |