



CASV PARTICIPANT SCREENING FORM



A PARENT MUST SIGN FOR THE PLAYER (UNDER 18) | COACH (21+), UMPIRE OR PARENT SIGNS THEIR OWN FORM THIS FORM AND OTHERS LISTED BELOW ARE REQUIRED TO BE COMPLETED BY THE MORNING OF THE DAY THAT A PLAYER, COACH, UMPIRE OR PARENT IS LEAVING FOR CASV.

Each Participant will need to submit the following forms at check-in before entry to CASV.

- 1. CASV Covid-19 Participant Screening Form (below)
- 2. Attach Covid-19 Preexisting Consent from Physician (If Required)
- 3. CASV Covid-19 Assumption of the Risk and Waiver Form
- 4. CASV Covid-19 Commitment to Transfer Agreement Form

PARTICIPANT FULL NAME	DATE OF BIRTH	AGE
EMERGENCY CONTACT NAME	RELATIONSHIP	PHONE NUMBER

DAILY TEMPERATURE CHECK

Please record your Player and/or your temperature for seven days prior to your/your players arrival at CASV. You must record their/your temperature at same time each day.

DAY ONE	DAY TWO	DAY THREE	DAY FOUR	DAY FIVE	DAY SIX	DAY SEVEN
TEMP HERE	TEMP HERE	TEMP HERE	TEMP HERE	TEMP HERE	TEMP HERE	TEMP HERE

<input type="checkbox"/> I/MY CHILD HAS BEEN FEVER FREE FOR THE PAST SEVEN DAYS	INITIAL HERE
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[OVER >](#)



CASV PARTICIPANT SCREENING FORM



SYMPTOMS IN THE LAST TWO WEEKS — Check any that apply

- | | | |
|--|-----------------------------------|---|
| <input type="checkbox"/> DIARRHEA | <input type="checkbox"/> FEVER | <input type="checkbox"/> CHANGE IN TASTE OR SMELL |
| <input type="checkbox"/> BODY ACHES | <input type="checkbox"/> COUGH | <input type="checkbox"/> CHANGE IN APPETITE |
| <input type="checkbox"/> PERSISTENT HEADACHE | <input type="checkbox"/> CHILLS | <input type="checkbox"/> GENERALLY NOT FEELING WELL |
| <input type="checkbox"/> SORE THROAT | <input type="checkbox"/> VOMITING | |

If any above apply to you or your player, you/your child may not attend camp.

<input type="checkbox"/> I/MY CHILD HAS BEEN SYMPTOM FREE FOR THE PAST 14 DAYS	INITIALHERE
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PREEXISTING CONDITIONS

Information from the CDC states that older adults and people of any age who have serious underlying medical conditions are at higher risk for severe illness from COVID-19. If you/ your child are in this group, please ensure you have written approval from your health care provider prior to attending CASV. Please attach written approval from your health care provider and initial below.

<input type="checkbox"/> I UNDERSTAND THE IMPLIED RISK OF PRE-EXISTING ILLNESSES	INITIALHERE
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CONTACT HISTORY — Check any that apply

- The individual has been diagnosed with COVID-19 .
- The individual has a close contact that has been in contact with someone exposed to or infected with COVID-19 in the last 14 days. (*Not applicable to health care workers/professionals)
- The individual has a household member currently on a watch list for COVID-19 exposure.

If any above apply to you or your player, you/they may not attend CASV.

<input type="checkbox"/> I VERIFY THAT I HAVE ANSWERED ALL QUESTIONS TRUTHFULLY	INITIALHERE
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The health and safety of our participants is our #1 priority. In light of the COVID-19 pandemic, we think it is important that you understand our efforts to manage your/your players health and safety so that you can make an informed choice. We are focused on taking reasonable measures to prevent the spread of COVID-19 at CASV. We have strengthened our standard cleaning procedures, taken measures to monitor and address symptomatic campers by introducing this pre-camp health screening, daily temperature checks, and protocols to isolate, confirm, respond, and remove any participant or staff with suspected COVID-19.

Precautions and mitigation strategies are important, but they cannot eliminate the potential for exposure to COVID-19 or any other illness when in-person activities resume. People with COVID-19 may show no signs or symptoms of illness, but they can spread the virus. Some people may be contagious before their symptoms occur. The fact is that someone with COVID-19 may pass the required health screenings and be allowed into CASV. Every member, volunteer and family must evaluate their unique circumstances and make an informed decision before attending in-person activities. We hope this information will be helpful as you make that choice. For updates, please monitor www.cooperstownallstarvillage.com/about-us/blog This situation continues to change daily, and as such, we will adapt and adjust our protocols and procedures as we continue to consult with and incorporate guidelines from federal, state, and local health officials in our efforts to help keep our Players, Coaches, Umpires, staff, and baseball families safe.

<input type="checkbox"/> I CONSENT TO THE ABOVE DISCLOSURE FOR SUMMER 2021	INITIALHERE
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PARENT/ADULT SIGNATURE

DATE