



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, fever/chills, cough, sore throat, congestion, shortness of breath, muscle aches, headache, nausea, vomiting, new loss of taste or smell, or any sinus symptoms unrelated to seasonal allergies).
2. 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. If the participant develops symptoms related to COVID-19 at any point during the camp, the participant must notify the staff. The participant will be isolated from other campers until they are able to be picked up by a parent or guardian.
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 during the camp or in the 48 hours after the camp, participant or parent/guardian will contact the University of Central Florida via the camp director to allow UCF staff to contact trace according to CDC guidelines. Contact tracing protocols may impact eligibility of team events.
5. The participant, as well as the parent/guardian, is aware of the mask policy during camp. Should the participant refuse to abide by the mask policy, they will not be allowed to participate.

- Have you ever been diagnosed with COVID-19? ☐ Yes ☐ No
If yes, what was the date of diagnoses? _____
If yes, list any symptoms that you are still experiencing: _____
- Have you received a COVID-19 vaccine? ☐ Yes ☐ No
If yes, did you complete all vaccination shots associated? ☐ Yes ☐ No
Date of last vaccination shot: _____

Printed Name of Parent of Guardian: _____

Signature of Parent or Guardian: _____

Date: _____