

Pittsford Crew's 2021 Pull The Plug Regatta



Saturday November 6, 2021

TEAM COVID REGISTRATION FORM

TEAM NAME: _____

COVID OFFICER NAME: _____

As the COVID officer of your team, can you certify that each athlete and coach answered NO to the following questions:

1. Have you been in contact with someone who has tested positive for COVID 19 in the past 14 days?

2. Have you had any of the following symptoms for new or unexplained reasons?
 - a. Fever or chills
 - b. Cough
 - c. Shortness of breath or difficulty breathing
 - d. Fatigue
 - e. Muscle or body aches
 - f. Headaches
 - g. New loss of taste or smell
 - h. Sore throat
 - i. Congestion or runny nose
 - j. Nausea or vomiting
 - k. Diarrhea

3. Do you agree to follow all COVID safety protocols while on site including wearing a mask in public spaces, social distancing and proactive good hygiene?

As the COVID Officer for _____, I attest that I have completed this form accurately and have obtained the information directly from the rowers or coaches. Furthermore, I understand that misrepresenting any information could be putting others at undue risk and may result in your team being disqualified.

Signature: _____ Date: _____