SYA COVID 19
Daily Tracking Sheet

Submit to: COVID@SYASPORTS.ORG
Subject line: COVID - SPORT NAME - HEAD COACH NAME

DAY / DATE:
SPORT:
FIELD NAME:
VERIFIER NAME:
SIGNATURE OF VERIFIER:

By submitting this form, I am verifying that I have checked with the parent of each child on my team and that they have completed and signed the self check form.

* All participants at each field site must be listed on this form, including officials. Take picture of completed form and send to email listed at top of form

LAST NAME, FIRST NAME	TITLE (Player, Coach, Assist Coach, Volunteer)	CLEARED TO PLAY	ABSENT	SENT HOME