**MEGHAN BURNETT MEMORIAL “FLY HIGH” TOURNAMENT JULY 10, 11 and 12**

**TEAM NAME: ORIGIN:**

**FIELD: DATE:**

**By signing below, and in order to gain access to this Tournament , I hereby certify that:**

**I have not tested positive for COVID-19 within the last 14 days nor am I awaiting the results of a test for COVID-19 and within the last 24 hours I have had no signs of (i) a fever or a measured temperature above 100.3 degrees or greater, (ii) a cough or (iii) trouble breathing. I have not had “close contact” with any individual diagnosed with, tested positive for or having a presumed positive case of COVID-19. “Close Contact” means living in the same household with, caring for, or having been within 6 feet of a person for about 15 minutes, or coming in direct contact with secretions (i.e. sharing utensils, being coughed or sneezed on). I have not been asked to self-isolate or quarantine by a health care professional or local public health official.**

**I agree to follow MBF. COVID-19 prevention procedures, a copy of which is available upon request, as well as all CDC, federal, state and local guidance. I agree that should any of the preceding information change in the next 14 days, I will notify MBF. immediately.**

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| **Name (printed)** |  | **Address** | **Tel Number** | **Email** |  | **Signature** |
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