Team Spectator Check-in Sheet
2021 OVR Junior Championship

As Team COVID Coordinator, I, _____, confirm that: #1 – I am registered as a 2020-2021 USAV member with a completed, "clear" background screen and SafeSport training; #2 – I am serving as my team's COVID Coordinator and will be responsible for the duties listed on the COVID Coordinator credential, and/or any other COVID-related duties requested by OVR staff. #3 – I will maintain contact tracing information for the individuals listed below.

I understand that failure to be a properly registered, current USAV member as noted in #1 above may result in a fine or sanction being assessed to my club/team. Failure to fulfill #2 will result in being excused from the remainder of the event.

TEAM NAME & AGE GROUP:
COVID COORDINATOR NAME & SIGNATURE:
COACH NAME & SIGNATURE:
ASST COACH NAME & SIGNATURE:

PLEASE READ: By signing my name below, I am indicating that I am not experiencing symptoms related to COVID-19, including but not limited to fever or chills; shortness of breath/breathing difficulty; fatigue; muscle/body aches; new loss of taste or smell; nausea/vomiting; or diarrhea. I understand there is inherent risk for COVID-19 exposure in public settings, and I may choose to not attend if I am concerned with possible exposure. I must properly wear a facemask, covering nose and mouth, within the tournament "bubble." I will maintain proper social distancing and will comply with procedures as requested by OVR tournament staff, my team's COVID Coordinator, and/or GCCC security/staff. I understand that having a COVID vaccination does not exempt me from any of these requirements.

ATHLETE / Uniform #	ASSIGNED SPECTATOR	SPECTATOR SIGNATURE