**Ontario Basketball COVID Participation Form**

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| Club: |  | Date: |  |
| Coach Name: |  | Location: |  |

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|  |  | **Daily Attestation**  **All answers must be “No” in order to participate in basketball activity.** | | | | | | | |
| Do you have any of the follow new or worsening symptoms? | | | | | | Have you traveled outside of Canada in the past 14 days | Have you had close contact with a confirmed or probable case of COVID-19? |
| Participant Name | Contact Information | Fever | Sneezing/ Runny Nose | Cough | Sore Throat | Shortness of Breath | Loss of taste or smell |
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