



**COVID-19 - COACH/ATHLETE SYMPTOM CHECKLIST VERIFICATION FORM
2020-2021**

I certify that our school has completed the prescreening of each person in our traveling party and team today before traveling to our WIAA Tournament contest. We have read, understand, and agree to abide by all of the information contained within the WIAA Return to Fall Sports Considerations. I further certify that if I have not understood any information contained in this document, I have sought and received an explanation of the information prior to signing this statement.

_____ **Circle one:** Regional | SubSectional | Sectional | State
Sport

_____ Contest Date
Opponent

School Name _____

Coach's Signature _____
Please Print Name _____ Date _____

Athletic Director's Signature _____
Please Print Name _____ Date _____

This form must be completed and carried to the WIAA Tournament contest. Schools involved in the contest will exchange a copy of this form. Coaches must also carry with them a copy of the COVID-19 Coach/Athlete Symptom Checklist and produce it if requested by the opposing team and/or host school.