

### City of Casper Recreation Minor Participant Record

I attest, by my signature below, that the child(ren) listed below and I have not had exposure to any person with COVID- 19 during the previous 14 days and that he/she/they/we are not experiencing, and have not experienced for the last 14 days, any of the following symptoms of COVID-19: fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea. I understand that my contact information, contained herein, may be shared with health officials.

	Minor Name	Minor Age
1.		
2.		
3.		
4.		
5.		

Parent/Guardian Printed Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Activity/Facility: \_\_\_\_\_ Date: \_\_\_\_\_