



HARDING TOWNSHIP RECREATION ASSOCIATION

KEEPING SPORTS FUN FOR EVERYONE

COVID-19 QUESTIONNAIRE

Please bring this completed document to the first practice.

Athlete Name: _____

Date of Birth: _____

Parent/Guardian Name: _____

Parent/Guardian Cell Number: _____

Has the athlete or a household member travelled out of the country within last 14 days?

Please Circle: Yes/No

Has the athlete or a household member travelled to any of the states listed on the NJ Travel Advisory within the last 14 days?

Please Circle: Yes/No

Has the athlete or household member experienced CoVID symptoms in the last 14 days?

Please Circle: Yes/No

If you have answered 'yes' to any of the above questions, we ask that you refrain from sending your student athlete to the HTRA practice until the appropriate quarantine/doctor's approval per the NJ CoVID guidelines have been observed/obtained.