



Team COVID Reporting Roster

Note: This form can be pre-filled or completed by the team coach in order to increase efficiency and flow of event registration.

Reminder: Any suspected case (with symptoms) of COVID-19 should be reported to the source staff (your area field representative) for your area, immediately. (<http://www.specialolympicsarkansas.org/> OR jstane@specialolympicsarkansas.org). Be prepared to provide the following Covid Reporting Roster for the event.

Date: _____

Location of Event: _____

Agency/School/Team: _____ Area: _____

Participant Name	Participant Type (Athlete, Unified Partner, Coach, Volunteer, Staff)	Participant Phone Number	Screened (yes/no)	Temperature	Code of Conduct Signed
	Coach				



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