



**COVID-19 FOOTBALL PLAYOFF ELIGIBILITY ATTESTATION  
AND TEAM PERSONNEL FORM**

The North Carolina High School Athletic Association Board of Directors has required the use of this form for any teams participating in the 2020-2021 playoffs (individual or team). All teams **MUST** complete a new form prior to each playoff contest or event and present it to the opposing team or regional/state director prior to participating. This form should only be completed after the daily monitoring of each student-athlete, coach, staff member has occurred on the day of the event.

Note: Form is required but DOES NOT require NCHSAA approval.

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Date: \_\_\_\_\_

Sport: **FOOTBALL**

Playoff Round/Event (1<sup>st</sup>, 2<sup>nd</sup>, regional/state meet, etc.): \_\_\_\_\_

School: \_\_\_\_\_

Opponent (if applicable): \_\_\_\_\_

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I, undersigned, attest that any student-athletes, coaches, staff members, or other personnel in attendance at today's contest/event have been screened today for COVID-19 signs and symptoms prior to departing for the contest/event utilizing the NCHSAA Daily Monitoring Form and are medically cleared to participate.

Furthermore, I verify that no student-athletes, coaches, staff members, or other personnel in attendance at today's contest/event are currently under COVID-19 quarantine/isolation in accordance with NCHSAA, NCDHHS, and CDC guidelines.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Title/Role with Member School: \_\_\_\_\_

Cell Phone: \_\_\_\_\_



Email: \_\_\_\_\_

**COVID-19 PLAYOFF ELIGIBILITY  
TEAM PERSONNEL FORM**

Player Name	Jersey Number

Coach Name	Role

Support Staff Name	Role



*Falsification of submitted information is subject to NCHSAA penalty.*