



### COVID-19 VOLLEYBALL 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.

\*\*\*\*\*

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

Sport: **VOLLEYBALL**

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

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

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

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I, the 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: \_\_\_\_\_

