



**COVID-19 LACROSSE 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: **Lacrosse (Men/Women)**

Playoff Round/Event (1st, 2nd, regional/state meet, etc.): _____

School: _____

Opponent (if applicable): _____

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.