

Baker Aquatics

Covid-19 Pandemic -Participant Disclosures:

Baker Aquatics seeks information from participants that must be considered before participants participate in aquatic programming due to circumstances of Covid-19.

A weak or compromised immune system can put participants at risk for contracting covid-19. Please disclose any condition that compromises participant's immune system. If so, I ask that you reschedule your class.

It is important that you disclose any indication of having been exposed to Covid-19, or have experienced any signs or symptoms associated with Covid-19.

1. Do you have a fever or above normal temperature? Yes No
2. Have you experienced shortness of breath, or difficulty breathing? Yes No
3. Do you have a dry cough? Yes No
4. Do you have a runny nose? Yes No
5. Have you recently lost or had reduction in your sense of smell or taste? Yes No
6. Do you have a sore throat? Yes No
7. Have you been in contact with someone who has tested positive for Covid-19? Yes No
8. Have you tested positive for Covid-19? Yes No
9. Have you been tested for Covid-19 and are awaiting results? Yes No
10. Have you traveled within the US by air, train, or bus within the last 14 days? Yes No
11. Have you traveled outside the US by air or cruise ship in the last 14 days? Yes No

I fully understand and acknowledge the above information, risks and cautions regarding a compromised immune system and have disclosed any conditions in my health history which may result in a compromised immune system.

By signing this document, I acknowledge the potential risks and complications related to Covid-19, and would like to proceed with participation in aquatic programming.

Parent Signature: _____ Date: _____