



DAY OF EVENT CERTIFICATE

I hereby certify to FUSTA (SDUSA) and the Sponsor, on my behalf and on behalf of my child(ren), as follows:

- We are not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, fatigue, sore throat, or new loss of taste or smell, congestion or runny nose. nausea, vomiting, diarrhea within the last 14 days.

We have not traveled internationally within the last 14 days.

- We have not traveled to a highly impacted area within the United States of America in the last 14 days.
- We do not believe we have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.
- We have not been diagnosed with Coronavirus/Covid-19.
- We have not been tested and awaiting results.
- We are following and will follow all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian

Name of Event
Participant(s)