



Please complete this form and submit the signed/dated form to the instructor at the first lesson. If anything changes between lessons, you must alert the instructor or my office immediately. **Failure to comply will result in cancellation of the lesson and you will be charged \$115.00 for the cancelled lesson.**

Student Name: _____

High School Attending: _____

1. Does your child currently have any of the following symptoms?

- Cough, sore throat, or runny nose
- Fever
- Shortness of Breath or difficulty breathing
- New loss of sense of smell or taste
- Nausea or vomiting

YES NO

2. Have you been in contact with anyone diagnosed with coronavirus over the past 14 days?

YES NO

3. Has your grade/class/team been quarantined by your school over the past 14 days?

YES NO

4. Have you traveled outside of the state of New Jersey over the past 14 days?

YES NO

Signature of Parent/Guardian: _____ Date: / /