

**Massachusetts Youth Soccer**  
**Return to Soccer Activity Review and Compliance Waiver**  
**Adult Member**

The undersigned, hereby represents, warrants and acknowledges that I have read and understood my responsibilities as a Coach/Volunteer according to the [Massachusetts Youth Soccer Return to Soccer Activities Guidelines](#), prior to participating in any town program, club, or league soccer related activities. This includes, but is not limited to, individual or team practices, clinics, training, games, tournaments, meetings or classes.

I attest that the information I am providing below is true and accurate. Prior to participating in any soccer related activities I will ensure that *I have not experienced any of the following symptoms* within the last 48 hours: *(please place an X in each box to indicate you have read.)*

- Fever (over 100.4 degrees fahrenheit) Temperature will be taken before every practice/game
- Cough
- Shortness of breath, or difficulty breathing
- Chills
- Muscle aches
- Sore throat
- Loss of smell or taste, or a change in taste
- Nausea, vomiting or diarrhea
- Headache
- Fatigue

Place an X in each box below indicating you have read and acknowledged each of the following statements as being true and correct:

- I have not been in close contact with anyone who has exhibited symptoms of COVID-19 in the last 14 days.
- I have not had contact with anyone who has had a confirmed case of COVID-19 in the last 14 days.
- I am not restricted from participating by a healthcare provider.
- I have not traveled in the past 14 days to or from any states restricted by the Commonwealth of Massachusetts travel order. If so, I will complete all of the necessary steps required by the order prior to returning to soccer related activities.

- I have not recently traveled to a restricted area that is under a level 2, 3 or 4 travel advisory according to the U.S. State Department.

Face Mask Exemption: Check the box(es) below ONLY if this applies to you.

- I am not required to wear a mask due to a medical condition.
- I am not required to wear a mask based on an exemption under Massachusetts Department of Health guidance.

If at any time you are unable to confirm the above criteria you must be restricted from participation and should contact your healthcare provider.

I understand that any falsification or omission of the information I provided above, could result in a disqualification from participation in an Massachusetts Youth Soccer Association sanctioned soccer related activity for no less than a year.

Name \_\_\_\_\_

Member Organization \_\_\_\_\_

Signature \_\_\_\_\_

Print Name of  
Signature \_\_\_\_\_

Date \_\_\_\_\_

Email address \_\_\_\_\_