

# Roster for Unvaccinated Participants

Name of Event: \_\_\_\_\_ Date of Event/Practice: \_\_\_\_\_ Location: \_\_\_\_\_

Unvaccinated Participant First and Last Name	Participant Type (Athlete, Unified Partner, Coach, Volunteer, Staff)	Contact Information	Code of Conduct Signed	Neg COVID Test Presented and confirmed?  (Yes/No)	Sign or Symptoms of COVID-19? (Yes/No)