## Loveland Parks & Recreation Boys Basketball – Winter 2021 COVID-19 Mandatory Screening Instructions



All Coaches, Parents, Players:

Welcome to Basketball 2021!

Please carefully read the following instructions to help move through the mandatory COVID-19 Screening Process at the Chilson Center each time a player, coach, and for games, spectators (as soon as we're able to). It's fast and easy, and it's digital, contactless so it's safe.

- 1. Scan the QR code using your smart phone's camera.
- 2. Complete the questions and tap "Submit."
- 3. Present to the Basketball check-in staff the green confirmed check-in from your phone to confirm.

It's that simple!

Now you're ready to give it a try. Scan the QR code and follow the instructions!



## TIPS:

- Each individual participating in the program must complete the form each day.
- Use "Check In Another" button for siblings, coach child, someone else's child or for convenience in checking in next time.
- Check-in is date and time stamped, so complete digital form when you arrive at the Chilson Center. Complete form in the parking lot and have the green approval ready for faster check-in!
- Parent may accompany child to the check-in area.
- Checking in multiple individuals or carpooling? Check in the first person. Then screenshot and repeat for the others. Display the current screenshots for each individual to the check-in staff.
- For even faster access to the form, *Add to Home Screen*!

After scanning the QR code, you will be taken to the Start Check In screen



# Loveland Parks & Recreation

www.teamsideline.com/loveland **>** 

Sta	rt Check In
T I Ł	This page contains the information for the ocation you will check into. Click the "Start" outton to begin the check in process.
Loca	ation 🔺
Chils	son Recreation Center
Field	*
Boys	s Bsktbl
Stre	et Address 🔺
700	E. Fourth St.
City,	State, Zip \star
Love	land, CO, 80537
	Start
	* Poquired Fields

0

Location: Chilson Recreation Center

<u>And</u>

Field: Boys Bsktbl

Verify you have

If that is correct, tap Start to begin!

Complete required Name, phone, and email.

\* Parents: Use player's name, may use your phone and email.



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## Check-In

This page contains information regarding the health and saftey concerns for the location. Click the "Submit" button once you have finished all the questions.

#### Full Name 🔺

Joe TEST

Phone \star

970-555-1212

#### Email \star

Joe.Test@email.com

Is this participant an adult or parent? \*

🔾 Yes 💿 No

Is this participant under 18? 🔺



✓ I understand that, only if necessary for the purpose of contact tracing, the above information would be provided to the County Health Department.

## TIP:

#### In order to pass:

- Answer every question
- Check each box

**Answer the COVID-19 questions** 

And

TIP:

### Acknowledge the final statements

If no symptoms, choose "Yes"

on the final "Yes/No" question

Tap "Submit" when finished.

 Yes 
 No
 Difficulty breathing/shortness of breath \*
 Yes 
 No

 Any of the following: Muscle aches/headache, Abdominal discomfort, Vomiting and/or diarrhea, Loss of sense of smell or taste \*
 Yes 
 No

Fever within the last 24 hours (temperature above 100.4

If any of the above apply, is this a sign/symptom consistent with normal allergies? (If no symptoms, choose "Yes") \*

● Yes ○ No

F) \*

○ Yes ● No Sore throat ★

Must acknowledge the following for entry: If you have ONE OR MORE SYMPTOMS as noted above that are not related to seasonal allergies, you will be asked not to enter.

- Must acknowledge the following for entry: If you are experiencing any related COVID-19 symptoms, consulting with your physician is recommended.
- Must acknowledge the following for entry: WAIVER ACKNOWLEDGEMENT I understand and acknowledge that I have received a waiver of liability from the City of Loveland. I agree that the content of the waiver is held separately from my signature and have no objection to this approach for administrative efficiency purposes. I consent to, acknowledge, and agree to each and every term contained within the waiver provided to me here by acknowledging this electronic document and submitting my information.



## **Check-in Successful!**



TIP:

Use "Check In Another"

- 1. To check in another player
- 2. To check in coach's child
- 3. To help another check in
- 4. To check in next time

Check In Another

## IF YOU GET A RED RESPONSE AND YOU ARE NOT SICK NOR DISPLAY ANY SIGNS/SYMPTOMS:

- Tap "Check In Another" and complete the form again.
- Make sure you have entered name & contact info, answered all questions, and checked all boxes.
- Ask the Basketball Check-in staff for assistance.

## If you are sick, please stay home!

Thanks for playing!