



**Garden City Youth Athletic Association
Garden City, Michigan**

**Statement of Negative COVID-19 Test Result
(Must be completely filled out)**

Participant Name

Team Name

Date of Test

Time of Test

Facility Name (test administrator)

I hereby certify that the information provided in this Statement is correct and complete, and that a negative COVID-19 test result was confirmed on the participant named above. This is in accordance with the March 20th Interim Guidance for Athletics, issued by the Michigan Department of Health & Human Services.

Participant Signature & Date

Parent / Guardian Signature & Date (Required If Athlete is a Minor)