

## Lake Iroquois Association Beach/Pool Facility Use Form

(Please note that you will be required to show LIA Membership Card and Picture ID)

Date: \_\_\_\_\_ Today I am visiting the Beach  or Pool .

**Please neatly print below your name, lot #, phone #, and the names of all other family members or guests attending with you. This information is required for Covid 19 tracing in the event that a case is confirmed at one of our facilities.**

Member Name	
Member Lot #	
Member Phone #	
Family Member/Guest	

*Please be aware that you and your family members and guests are entitled to stay at the beach or pool facility for a minimum of 90 minutes. If the facility has reached its 50 person maximum and others are waiting to use the facility, your group will be required to leave after 90 minutes. If there are not others waiting to use the facility, your group will be permitted to exceed the 90 minute time stay at the discretion of the monitor on duty.*

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To be filled in and initialed by monitor upon entrance:

Time entering facility: \_\_\_\_\_ Time leaving facility: \_\_\_\_\_ Monitor Initials \_\_\_\_\_

PLEASE PUT A CHECK MARK IN THE BOX OF ANY OF THE FOLLOWING STATEMENTS THAT APPLY TO YOU OR ANY FAMILY MEMBERS OR GUESTS ENTERING THE LIA BEACH OR POOL WITH YOU TODAY.

- Have you, or anyone entering the LIA beach or pool facility with you, been experiencing difficulty breathing or shortness of breath? Yes  No
- Do you, or anyone entering the LIA beach or pool facility with you, have head<sup>1</sup> or muscle aches? Yes  No
- Have you, or anyone entering the LIA beach or pool facility with you, noticed a new loss of taste or loss of smell? Yes  No
- Have you, or anyone entering the LIA beach or pool facility with you, been experiencing chills? Yes  No
- Have you, or anyone entering the LIA beach or pool facility with you, been experiencing any other symptoms<sup>1</sup>? Yes  No
- Is anyone in your household or the household of your guests displaying any symptoms of COVID-19? Yes  No
- To the best of your knowledge, have you or anyone in your household or the households of your guests come into close contact<sup>2</sup> with anyone who has tested positive for COVID-19? Yes  No

<sup>1</sup> Other symptoms: consider also runny nose, diarrhea, nausea, and vomiting, or abdominal pain. For reported headaches: consider if new or unusual onset, not related to caffeine, dietary reasons (hunger), or history of migraines, cluster, or tension headaches, or headaches typical for the individual

<sup>2</sup> Close contacts include household contacts, intimate contacts, or contacts within 6-ft. for 15 minutes or longer (10 minutes or longer for ambulatory care services) unless wearing N95 mask during period of contact.

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Signature of LIA Member

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Date