



**MASSACHUSETTS STATE COLLEGIATE ATHLETIC CONFERENCE  
MASSACHUSETTS MARITIME ACADEMY  
COVID-19 ATTESTATION FORM**

- Institution Name: \_\_\_\_\_
- Sport(s): \_\_\_\_\_
- Team Emergency Contact Name and Cell Phone Number:  
\_\_\_\_\_
- Name of person and title responsible for overseeing Covid-19 policies for your institution: \_\_\_\_\_
- By signing this form, I attest that I, \_\_\_\_\_, have thoroughly reviewed, and our institution agrees to follow, the MASCAC Covid Plan and Massachusetts Maritime Academy Covid-19 Game Day Protocol.
- Signature and title of person completing this form:  
\_\_\_\_\_
- Date: \_\_\_\_\_
- Email this form to Chris Barry, Head Athletic Trainer ([cbarry@maritime.edu](mailto:cbarry@maritime.edu))

***"PRIDE IN OUR TRADITION...A TRADITION OF PRIDE"***