

COVID-19 INFORMED CONSENT FORM

4/15/2021

Please print double sided!

The State of California recently announced that effective February 26, 2021, moderate-contact and high-contact youth and adult recreational sports may resume, including competitions, if permitted by local health authorities.

(*Team*) _____ (hereinafter TEAM) is taking reasonable measures to prevent the spread of COVID-19 infection and is following applicable State and County public health orders and protocols. However, the possibility of transmission cannot be eliminated. Athletes and their families must be aware of and acknowledge the risks before participating in athletics.

By initialing and signing this Informed Consent Form (Athlete and, if the Athlete is a minor, Parent/Guardian must initial and sign), you acknowledge, accept, and agree to all the following:

- Participation in athletics is purely voluntary. Parent Initial____ Athlete Initial____

- Neither the Athlete nor Parent/Guardian will attend meetings, practice and/or competitions if any of the following apply:
 - A. The Athlete or any member of their household is exhibiting one or more symptoms of COVID-19 that first appeared within the last 10 days: fever at or over 100.4°F (38°C), chills, cough, shortness of breath, difficulty breathing, feeling tired, muscle or body aches, headache, sore throat, nausea, vomiting, diarrhea, congestion or runny nose, or new loss of taste or smell. The Athlete or Parent/Guardian, if the Athlete is a minor, will check Athlete's temperature at home prior to attending meetings, practices, and/or competitions; and Athlete will not attend if their temperature is at or over 100.4°F (38°C).
 - B. The Athlete or any member of their household has been diagnosed with COVID-19 or has a suspected diagnosis of COVID-19 or pending COVID-19 test.
 - C. The Athlete or any member of their household has spent time with another individual who has been diagnosed with COVID-19 or has a suspected diagnosis of COVID-19.
 - D. The Athlete or any member of their household is currently under isolation or quarantine orders. Parent Initial____ Athlete Initial____

- If the Athlete tests positive for COVID-19 or has been identified as being exposed to an individual that has tested positive for COVID-19, the Athlete or Parent/Guardian, if the Athlete is a minor, agrees to immediately inform TEAM Officials and acknowledges that the TEAM may provide information regarding the confirmed positive test, including Athlete's name and contact information, to any governing body as required by law. I consent to the TEAM providing such information. I agree to willingly cooperate with any contact tracing that is deemed necessary by the TEAM Officials and/or by law. Parent Initial____ Athlete Initial____

● We are aware that the Athlete may be exposed to COVID-19 while participating in or attending meetings, practices and/or competitions. We understand that this exposure carries a risk of infection, serious illness, or death for both the athlete and their household members. Parent Initial____ Athlete Initial____

● We acknowledge that TEAM, the County, the State, or other governing body with authority over TEAM may determine to cancel a competition or the season at any time. We also acknowledge TEAM must comply with any mandates issued by any entity with the authority over athletics and agree to comply with any such directives even if issued after signature to this Form. Parent Initial____ Athlete Initial____

● Athlete and Parent/Guardian, if the Athlete is a minor, is/are aware that practices, games, spectating, and/or transportation will look different than prior years, including the need for physical distancing and the correct and consistent use of face masks. We agree to comply with the direction provided by the Coaches/Managers and acknowledge that failure to do so may result in the Athlete being refused participation at meetings, practices, competitions, and/or the entire sport season. Parent Initial____ Athlete Initial____

● Youth Athlete has permission to participate in athletic meetings, practices, and competitions as directed by the coaching staff. Parent Initial____ Athlete Initial____

● Athlete is voluntarily participating in athletics. Athlete or Parent/Guardian, if the Athlete is a minor, agrees to assume any and all risks of infection, injury, or death, whether those risks are known or unknown. Parent Initial____ Athlete Initial____

I/WE HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM/WE ARE AWARE OF THE RISKS OF PARTICIPATING IN ATHLETICS DURING THE COVID-19 PANDEMIC. I AM/WE ARE AWARE THAT THIS FORM CONTAINS A RELEASE OF LIABILITY AND WAIVER OF ALL CLAIMS. I AM/WE ARE SIGNING THIS AGREEMENT VOLUNTARILY, FULLY AWARE OF THE RISKS AND MY RELEASE AND WAIVER OF ANY CLAIM AGAINST THE TEAM, ITS MANAGERS, COACHES, EMPLOYEES, AGENTS, BOARD MEMBERS, ICEOPLEX, OR OTHER RELATED ENTITIES.

Athlete Printed Name_____

Athlete Signature_____ Date_____

Parent Printed Name_____

Parent Signature_____ Date_____

(if Athlete is a minor)