COVID19 PARENT/PLAYER ACTIVITY PARTICIPATION AGREEMENT

Parent	t Signature:	Date:	Participant Signature	: Date:	
	program/camp.		5 5 F • •	Č	
			their assigned stable group thro	•	
		here will be limited interaction between different stable groups. Per the County			
	You understand that sessions will be organized in stable groups of 12 participants.				
	Currently that is conditioning and drills. No scrimmaging.				
	You understand that our use of the field/courts is limited to: County and State guidelines.				
_	available nor is sharing allowed.				
			ater for the entire session as refi	Il stations will not be	
_	belongings must be 6 feet from each other.				
			n the area for each stable group	. and each plaver's	
	The program will provide sanitation stations, but request and recommend that each player bring their own sanitizer.				
_					
П	protocols.		at the beginning, middle and end		
_	You attest that you and your child will refrain from unnecessary physical contact with others, including hugs, high fives, and fist pumps which are not permitted per the Count				
	•		•	•	
			cipants and coaches are allowed ame household may not carpool	=	
u		• •	ir child at the beginning of each		
	. •		, , , , , , , , , , , , , , , , , , , ,		
	F or if they have COVID-19 symptoms based on CDC guidelines. https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html				
	•		ur child to practice if their tempe	rature is above 100°	
_	and at least 3 days fever reducing med	(72 hours) have lication). The co	passed since recovery (no feve	r without the use of tely.	
	to return to practice until they have tested negative for COVID-19 and provide a medical professional's clearance; or at least 10 days have passed since the onset of symptoms,				
	•	•	played COVID-19 symptoms, yo		
	ways to prevent the	e Spread of COV	′ID-19.		
	You attest that you	and vour child h	ave reviewed the attached docu	ment that identifies	
child w The Fo change	rill abide by the most llowing guidelines a e during the session.	t current guideling re based on the S . Please be aware	nes program, you must commines of the County of San Diego Pu San Diego County Day Camp Safe that our ability to continue to pr ance with all these requirements.	ublic Health Order. ety Protocol and may actice on City of San	
Py con	anlating this form an	d narticinating ir	n this program, you must confirm	that you and your	
Parent Email:		Phone Number:			
Participant Name:			Parent Name:		
Organi	zation: - Westview A	Athletics- Out O	f Season		