



## Student and Parent/Guardian Responsibility

By permitting my student to participate in the District's fall athletics, I acknowledge and agree to all of the following protocols:

### All Fall Athletics:

- All students will be required to turn in a signed waiver before they are permitted to participate.
- All students will be pre-screened for COVID-19 symptoms and contact with individuals having COVID-19 (or symptoms) and have their temperature taken. Any individual with a fever, symptoms, or associations with those with COVID-19 will not be permitted to practice.
- COVID-19 testing may be required for participation in athletics and in competition.
- Test results reported as "presumptive positive" or "inconclusive" should be considered the same as "positive" with regard to further testing, treatment and screening.
- Athletes who test positive may be required to submit to another physical to ensure that they remain physically able to endure the rigors of athletics.
- When not actively engaged in athletic or musical activities, masks must be worn by students and staff, social distancing must be enforced, and hygiene basics adhered to in all situations.
- Hand sanitizer will be provided in common areas.
- Individuals should hand sanitizer or wash their hands for a minimum of 20 seconds with water and soap before touching any surfaces or participating in meetings, practices, or rehearsals.
- All students and staff are required to hand sanitize or wash hands upon entry to the school campus.
- All practices and activities will be closed to the public, family, or associates of staff or students.
- Hydration stations (water trough, water fountains, etc.) should not be utilized. Each student shall bring their own water bottle for their use only.
- People will not be allowed to gather indoors, whereas no more than 50 people may gather outdoors at one time.
- The standard of 6-feet in social distancing must be maintained at all times during any activities on campus (including outdoors, classrooms, hallways, entrances/exits, common spaces of any kind, and offices). Locker rooms are not permitted for use at this time.
- Physical contact such as high-fives, fist/chest bumps, and hugs should not be allowed.
- To the extent possible, workouts will be conducted in "pods" of students with the same 5-10 students always working out together.
- Prior to individuals entering the facility, hard surfaces and frequently used areas will be wiped down and disinfected; equipment with holes/exposed foam will be covered up.
- No shared towels, clothing, shoes, water bottle, or use of drinking fountains will be permitted.
- Cancellation of training or contests, as well as the possibility of teams isolating for 2 weeks, may occur with little notice as a result of recurrent outbreak or knowledge that a coach or athlete has contracted or is exhibiting symptoms of COVID-19.



### **Athletic Specific Activities:**

- Physicals shall be required prior to student participation in partial reinstatement activities and practices.
- All coaches and students are encouraged to practice good hygiene, including proper handwashing, coughing and sneezing etiquette, wiping down weight equipment thoroughly before and after individual use, showering, and washing workout clothing immediately upon returning home.
- All coaches and students are encouraged to don attire that limits sweat transfer.
- Masks are required to be worn by students with the exception of swimming, distance running, or other high intensity aerobic activity.
- Equipment must be cleaned intermittently during practice and competition.
- Maximum lifts must be limited, power cages should be used where applicable, and if spotters are needed, spotters should stand at each end of the bar to maintain social distancing.

My signature below indicates I have read this acknowledgement and agreement form, understand, and agree to allow my student to participate in the athletic program and/or activities program and agree to comply with all Fontana Unified School District protocols implemented as part of the reinstatement of the athletic and/or activities program.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Student Name (s) and DOB: \_\_\_\_\_