

SOUHEGAN ATHLETICS SUMMER WORKOUT WAIVER

Phase I

June 15th- TBD

Pre- workout Screening:

- All coaches and students should be screened for signs/symptoms of COVID-19 prior to each workout. Screening includes a self-check disclosure, and periodic temporal scanning may be done by our coaching or training staff.
- Responses to screening questions for each person should be recorded and stored so that there is a record of everyone present in case a student develops COVID-19.
 - Form provided.
 - Coaches/Students will be responsible for completing the forms prior to workouts.
 - Documentation will be placed in the Athletic Office.
 - Coaches will take student-athletes temperature prior to every workout. If temperature exceeds 100.3 degrees the student must be sent home immediately.
 - Any person with positive symptoms reported should not be allowed to take part in workouts, leave immediately and should contact his or her primary care provider or other appropriate health-care professional.
- Vulnerable individuals should not oversee or participate in any workouts.

Limitations on Gatherings:

- Gatherings should follow the social distancing regulations (6 - 10 feet). No gatherings before or after workouts.
- Locker rooms or weight rooms WILL NOT be utilized during Phase 1. Students and coaches should report to workouts in proper gear and immediately return home to shower at the end of the workout.
- Workouts should be conducted in “pods” of students with the same 5-9 students always working out together.
- There must be a minimum distance of 6 feet between each individual at all times.
- Coaches will keep a minimum distance of 10 feet between each student at all times.
- Workouts will last NO LONGER than 60 minutes. After the workouts all students are to leave immediately.
- Individual coaches cannot have contact with more than 1 group on any individual day

Physical Activity and Athletic Equipment:

- Students must wear their own appropriate workout clothing (do not share clothing), and individual clothing/towels should be washed and cleaned after every workout.
- Hand sanitizer should be plentiful and available by coaches at all workouts.
- No athletic equipment, towels or clothing will be shared amongst each other. All students will bring their own equipment.

Hydration:

- All students shall bring their own water bottle. Water bottles must not be shared.

Transportation:

- All students shall be dropped off by their family members or drive themselves.
- Students who drive must park with a minimum of 1 spot between vehicles.
- **No carpooling is allowed.**

If any member of the pod has contracted COVID-19, all members will adhere to a 14 day quarantine and not be allowed back on campus or at any gatherings until they have been cleared.

Assumption of Risk and Medical Clearance:

As the parent/ legal guardian I authorize my child's full participation in summer workouts run through Souhegan High School District. I understand that injuries/illnesses, severe, minor, permanent damage or even death can occur as a result of participation in this program and waive, release, discharge and covenant not to sue the Souhegan High School District and all staff / employees. This assumption of risk includes participation in the program and or while upon the premises where the activity is being conducted. My child is covered with family insurance in the event of an accident, injury, or illness. I attest my son/daughter is in good health and has no restrictions for participation in summer workouts.

Athlete Responsibility:

I agree to follow all instructions and procedures given by the instructors in order to maintain a maximum level of safety. I understand the Souhegan School District is not responsible for any loss of personal effects brought to comp. To assure safety, personal listening devices are not permitted. (ear pods, phones etc.)

Release Waiver for COVID-19

I agree and understand there are specific guidelines in place in order to train this summer and understand these guidelines do not prevent athletes from contracting or coming in contact with someone who has COVID-19.

Student-Athlete Name: _____ Signature: _____

Date: _____

Parent Name: _____ Signature: _____

Date: _____

***No student-athlete will be allowed to participate until this form is returned to the coach.**