

COVID-19 Parent/Legal Guardian ACKNOWLEDGMENT AND DISCLOSURE. Please read and initial each statement below.

1. \_\_\_\_\_ I understand that for my student to participate in SCY, my student and I must be free from COVID-19 symptoms for the past 14 days. If, during a SCY event, any of the following symptoms appear, my student will be separated from the rest of the people at SCY. I will be contacted, and my student MUST be picked up from SCY within 30 minutes of being notified.

Symptoms include: fever of 100.4 degrees Fahrenheit or higher • dry cough • Shortness of Breath • Chills • Loss of taste or smell • Sore Throat • Muscle aches • Headache • Earaches • Diarrhea • Vomiting • Abdominal pain • Other symptoms in children: Rash, Neck pain, Extreme Fatigue, Bloodshot Eyes.

While we understand that many of these symptoms can also be related to non-COVID-19 related issues we must proceed with an abundance of caution during this Public Health Emergency. These symptoms typically appear 2-14 days after being infected so please take them seriously.

2. \_\_\_\_\_ I understand that my student's temperature will be taken upon arrival at SCY and potentially throughout the event.

3. \_\_\_\_\_ I understand my student will be required to wear a mask at all times while at SCY. I understand that staff and volunteers will do their best to ensure that masks remain on, and to encourage physical distancing. Masks will need to be provided by students; however, SCY will have disposable masks for students as needed.

4. \_\_\_\_\_ I understand that my child will be required to apply hand sanitizer upon arriving at SCY, and through SCY events.

5. \_\_\_\_\_ I will immediately notify Brooke Volpone or another member of SCY if I become aware of any person with whom my student or I have had contact exhibits any of the symptoms related to COVID-19, is advised to self-isolate, quarantine, has tested positive, or is presumed positive for COVID-19.

6. \_\_\_\_\_ I understand that while present at SCY my student will be in contact with other students, volunteers and staff members who are also at risk of community exposure. I understand that no list of restrictions, guidelines or practices will remove 100% of the risk of exposure to COVID-19 as the virus can be transmitted by persons who are asymptomatic and before some people show signs of infection. I understand that I play a crucial role in keeping everyone at SCY safe and reducing the risk of exposure by following the practices outlined herein.

I, \_\_\_\_\_, certify that I have read, understand, and agree to comply with the provisions listed herein. I acknowledge that failure to act in accordance with the provisions listed herein, or with any other policy or procedure outlined by Summit County Youth will result in termination of my student from SCY events. I acknowledge that my student's participation will be terminated if it is determined that my actions, or lack of action unnecessarily exposes volunteers, staff, students, or their family members to COVID-19.

Student's Name: \_\_\_\_\_ Student's grade: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Phone Number: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_