

Return to Sports Participation - Summer 2020

This form must be completed prior to any summer sports activities (beginning MAY 26, 2020)
Please fill out for each student-athlete and each sport and return to your coach or AD
Coaches should be notified of any updates to responses

Name (Student-Athlete) _____

Sport _____

1. Has the student-athlete tested positive for COVID-19? **YES / NO**
2. Has the anyone in the home of the student-athlete or others that they come into regular contact with tested positive for COVID-19? **YES / NO**
3. If the answer to #1 or #2 is YES, have those who have tested positive met the criteria to be considered "recovered"? **YES / NO**
4. Is the student-athlete or anyone in regular contact with them exhibiting any signs or symptoms of COVID-19? (If YES, please stay home and contact your coach to discuss future return plans.)
YES / NO

FOR PARENT/GUARDIAN: I understand that during the UTAH LEADS TOGETHER restrictions phases, any summer workouts and return to participation are completely voluntary and that opportunities to make a team and/or earn playing time will not be based on the number of workouts attended or missed. It is my responsibility to make decisions for my child that are in their best interest while minimizing the potential risk for others (teammates, coaches, family members, community members, etc.). I will not send my child to a workout or other team event if they are experiencing symptoms of COVID-19. I also understand that even when precautionary measures are taken, there is an inherent risk of contracting the virus. I will notify the coach if there is a change in status to the answers provided above.

Name (Parent/Guardian) _____

Signature _____ **Date** _____

Phone # or Email Address _____

FOR STUDENT-ATHLETE: I understand that during the UTAH LEADS TOGETHER restrictions phases, any summer workouts and return to participation are completely voluntary and that opportunities to make a team and/or earn playing time will not be based on the number of workouts I attend or miss. I have a responsibility to my teammates, coaches, family and other community members to help protect them by not attending workouts or other team events if I am experiencing symptoms of COVID-19. I will notify the coach if there is a change in status to the answers provided above. I will also follow the rules and instructions given to me regarding health and safety practices.

Signature (Student-Athlete) _____