

Student/Coach Name

Grade

Sport/Activity

Date of Practice

Location of Practice

Time of Practice

For each workout/practice, every student/staff member must bring this completed form and immediately see a staff member who will accept the form and administer and record the student's temperature.

No student/staff member will be permitted to participate without this completed form.

If the answer to any of the pre COVID-19 screening questions is "YES", then the student/staff member should not come to campus, and should continue to monitor symptoms and/or see a doctor.

PRE COVID-19 Screening Questions:

In the past 24 hours, have you had a Fever/chills? YES NO

In the past 24 hours, have you had a Cough? YES NO

In the past 24 hours, have you had a Sore Throat? YES NO

In the past 24 hours, have you had any shortness of breath? YES NO

In the past 24 hours, have you had any loss of taste or smell? YES NO

In the past 24 hours, have you had any diarrhea/vomitting? YES NO

Within the past 14 days, have you been out of the state of PA, if so where have you been? YES NO Location _____
 If you have been to any of the states listed on the PA site with recommended quarantine, the athlete/coach will need to quarantine for 14 days or submit a negative COVID-19 test report

Within the past 14 days, have you had close contact with anyone who is currently sick with suspected or confirmed COVID-19? YES NO

(NOTE - close contact is defined as within 6 ft or more the 10 consecutive minutes without PPE Equipment)

Student Signature

Date

Parent/Guardian Signature

Date

TO BE COMPLETED BY A COACH OR STAFF MEMBER

TEMPERATURE UPON ARRIVAL

SIGNATURE OF PERSON CHECKING TEMPERATURE

Freedom Area School District
Participation Waiver for Communicable Diseases Including COVID-19

The COVID-19 pandemic has presented athletics across the world with a myriad of challenges concerning this highly contagious illness that primarily attacks the upper respiratory system. Some severe outcomes have been reported in children, and a child with a mild or even asymptomatic case of COVID-19 can spread the infection to others who may be far more vulnerable.

The Freedom Area School District will implement precautions and comply with guidelines from public health authorities, such as the Centers for Disease Control and the Pennsylvania Department of Health, as well as the Pennsylvania Interscholastic Athletics Association, to attempt to mitigate the risks to students, coaches, and their families, although it is not possible to eliminate all risk of furthering the spread of COVID-19. As knowledge regarding COVID-19 is constantly changing, Freedom Area School District may adjust its precautionary methods as necessary to decrease the risk of exposure for our staff, students, and spectators. Some precautionary methods in the FASD Interscholastic Athletic Resocialization Plan include but may not be limited to:

1. Health screenings prior to any practice, event, or team meeting with participation in the activities being limited and/or prohibited where an individual displays positive responses or symptoms.
2. Encourage social distancing and promote healthy hygiene practices such as hand washing, using hand sanitizer, etc.
3. Intensify cleaning, disinfection, and ventilation in all facilities.
4. Educate Athletes, Coaches, and Staff on health and safety protocols.
5. Require Athletes and Coaches to provide their own water bottle for hydration.

By signing this form:

(a) I acknowledge receipt of the Freedom Area School District's Health and Safety Plan For Return to Sport. I agree to comply with the mitigation measures established by the Freedom Area School District to limit the exposure and spread of COVID-19 and other communicable diseases and recognize that my failure to comply with those mitigation measures may result in my exclusion from further participation in the sport/activity.

(b) I acknowledge that participation in athletic programs, events, and activities may include a possible exposure to a communicable disease including but not limited to MRSA, influenza, and COVID-19. I further acknowledge that I am aware of the risks associated with COVID-19 and that certain vulnerable individuals may have greater health risks associated with COVID-19, including individuals with serious underlying health conditions such as, but not limited to: high blood pressure, chronic lung disease, diabetes, asthma, and those whose immune systems are compromised by chemotherapy for cancer, and other conditions requiring such therapy. While recommendations and personal discipline may reduce the risks associated with participating in athletics during the COVID-19 pandemic, the risk of serious illness, medical complications and possible death does exist.

(c) I certify that Student is in good physical condition or believe Student to be in good physical condition and allow participation in this sport/activity at our own risk.

(d) I recognize that the Freedom Area School District is not responsible for the actions of other student-athletes, including any failure of those student-athletes to comply with established COVID-19 mitigation measures. I knowingly and freely assume all such risks, both known and unknown, even if arising from the failure of others to comply with established mitigation measures, and assume full responsibility for Student's participation in athletics during the COVID-19 pandemic.

(e) I voluntarily agree, individually and as the parent or legal guardian of the Student named above, to release and discharge the Freedom Area School District, its directors, administrators, employees, agents, volunteers, successors and assigns (collectively the "Released Parties") from all claims, causes of action, expenses, losses, damages, injuries and/or illnesses associated with exposure to COVID-19 or any other communicable disease arising out of the Student's participation in athletic programs, events, and activities and I agree to indemnify and defend the Released Parties and hold them harmless from any and all claims, causes of action, expenses, losses, damages, liability or demands for bodily injury, psychological injury, illness and/or death resulting from such participation.

Student Name Printed: _____ **Sport/Activity:** _____

Signature of Parent/Guardian: _____ **Date:** _____

Signature of Student Athlete: _____ **Date:** _____