

2020-2021 St. Peter Youth Basketball Association Acknowledgement & Waiver Form

Participant Name: _____

SPYBA has implemented a Preparedness Plan in response to the COVID – 19 pandemic. The safety measures are in accordance to the CDC & MDH guidelines. To ensure the health and safety of all participants, coaches and family members, we are asking parents to read and acknowledge SPYBA COVID – 19 Preparedness Plan which include the following:

I acknowledge that I will be responsible for monitoring the health and symptoms of my participant before all practices or games. If my participant has a temperature over 100.4 degrees Fahrenheit, I will notify the head coach and keep my participant home from practice until they are fever free for 24 hours without any fever reducing medication or what the current CDC guidelines state based on all symptoms.

I acknowledge that if my participant has the following symptoms: cough, shortness of breath, or sore throat, I will keep them home from practice or games until they are symptom free.

I acknowledge that if the participant or anyone in the participant’s household tests positive for COVID – 19 or has been told to self-quarantine, I will keep my participant home.

I acknowledge that if a member of the participants team coaching staff suspects any potential COVID – 19 symptoms they will isolate the participant and notify the parents legal guardian to pick up the participant immediately.

I acknowledge that if my participant tests positive for COVID – 19, it is my responsibility to notify the Program Director immediately. The Program Director will then notify the team that a team member has tested positive for COVID – 19, but they will not identify the individual.

I acknowledge that if I or my participant violate any part of the SPYBA COVID – 19 Preparedness Plan that my participant will be removed from participating on the participant’s team.

Parent or Legal Guardian: _____

Date: _____