



South Dakota Amateur Hockey Association COVID-19 Return to Play

If a participant tested positive for COVID-19, he/she must be cleared to resume hockey activity and participation.

Individual's Name: _____ DOB: _____

Date of Positive COVID-19 Test _____ Date of onset of symptoms _____

Local Hockey Affiliate: _____ Date: _____

Criteria to return to play (Please check below as applicable)

_____ 10 days have passed since symptom onset, during which the individual has been asymptomatic for at least **3 days** without the use of fever-reducing medication.

_____ Individual was not hospitalized due to COVID-19 infection.

_____ Individual has received Letter of Return from SD Department of Health or health care provider (MD/DO/PAC/ARNP). Letter attached to SDAHA Return to Play form.

If all criteria has been satisfied, the participant may return to play with SDAHA. Local association rules, if stricter, take precedence over SDAHA COVID-19 Return to Play.

It is strongly recommended participants have a graduated return to play after COVID-19 infection.

I am the parent or legal guardian of the participant identified on this form and I consent to their return to athletic activity without restriction. Anyone age 18 or older may sign the form if they are the affected participant.

Print Name

Sign Name

Completed form to be submitted to local association President or Risk Manager