



## 2020 COVID-19 Parent/Guardian Attestation Form for Youth Sports & Programs

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parents/Guardians are required to review the information below and agree that if their child experiences any of the following symptoms (including exposure and travel risks), their child will NOT attend any sporting events or programs, to include practices, clinics or games until criteria below have been met.

- If your child has any of the following symptoms, they should stay home and you should contact your healthcare provider:
  - Fever (above 100.4) or Chills
  - Shortness of Breath
  - New Cough
  - New loss of taste or smell
  - Sore Throat
  - Congestion or Runny Nose
  - Fatigue
  - Muscle or Body aches
  - Headaches
  - Nausea/Vomiting
  - Diarrhea
  
- If your child has been in close contact with anyone (within 6 feet for more than 15 minutes) in the last 14 days, and that person is or becomes diagnosed with COVID-19, your child should stay home and you must contact your healthcare provider.
  
- If your child is tested for COVID-19 they should NOT return to any sporting events or programs until they have met the following criteria:
  - ***If tested negative:*** the child can return once they meet the following:
    - 10 days after their first symptom.
    - 3 days/72 hours after their last fever (with no fever reducing medications).
  - ***If tested positive:*** the child can return once they meet the following:
    - 10 days after their positive test.



- 3 days/72 hours after their last fever (with no fever reducing medications).
- No new symptoms after their positive test.
- *If tested due to exposure to someone that was positive for COVID-19:* the child should NOT return to any sporting events or programs for 14 days since their last known contact (or have met the above criteria if tested positive), even if the child's test is negative.
- If your child travels outside of the State of Vermont, for non-essential reasons, you must adhere to the Vermont Department of Health Travel guidelines regarding quarantining if necessary. Please reference the State's website regarding Cross State Travel and the map of counties listing COVID activity: <https://accd.vermont.gov/covid-19/restart/cross-state-travel>.

**Assumption of Risk:** Franklin Recreation has put in place preventative measures to help reduce the spread of COVID-19, however we cannot guarantee that your child/children will not become infected with COVID-19. By signing this attestation form, you are acknowledging the contagious nature of COVID-19 and voluntarily assuming the risk that your child/children may be exposed to or infected with COVID-19. You are also acknowledging that such exposure or infection may result in personal injury, illness, permanent disability or even death. You voluntarily agree to assume all of the forgoing risks and accept sole responsibility for any injury or illness to your child (or yourself) found to be in connection with any Franklin Recreation sporting event, program or activity. You therefore agree to release, not sue and hold harmless the Franklin Recreation Department, it's employees, agents, and volunteers from all claims, including any COVID-19 related activity that happens before, during or after the sporting event, program or activity.

**I attest that I have read, understand and agree with the information above as a condition of participating in any Franklin Recreation sporting events, programs and activities.**

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

PRINT Parent/Guardian NAME: \_\_\_\_\_