

CRAVEN COUNTY SCHOOLS

COVID-19 STUDENT-ATHLETE & FAMILIES ATHLETIC EXPECTATIONS

Participation in athletic Summer Workouts and athletics in general, is a voluntary decision. Craven County Schools (CCS) has implemented guidelines to safely return our Student-Athlete's (SA) and coaches to the playing fields but, cannot ensure that your child will not be exposed to CoVid-19 while participating.

Please consider your child and family's unique set of circumstances (medical and otherwise) and make the best decision possible for the return of your SA's participation in athletics at our facilities in Phase 1.

Also, please consider in order to protect the health and safety of all SA's and coaches involved, you and your child play an important role by complying with and following the safety guidelines in place for the return of athletics in Phase 1. Please educate your child about the importance of these guidelines and the importance of practicing good habits to help prevent the spread of the CoVid-19 virus.

PRIOR TO ARRIVING ON CAMPUS:

- All SA's and Parent/Guardians should read and sign all athletic paperwork -
 - NCHSAA Pre-Participation Examination Form (Physical)
 - 2020-2021 NCHSAA Eligibility, Consent to Participate and Release Form
 - NCHSAA Initial Screening Questions for Students
 - Weekly NCHSAA Initial Screening Questions for Students & Coaches
 - Gfeller-Waller NCHSAA Student-Athlete & Parent/Legal Custodian Concussion Statement
 - CCS CoVid-19 Liability
 - CCS Athletic Code of Conduct
 - CCS Student-Athlete Insurance Information
 - CCS Extracurricular Travel Notification
- All Parent/Guardians should partake in a "Parent Meeting" with the Head Coach.
 - Available through Zoom, Microsoft Teams, or Call-Ins, (not face-to-face)
- As a safety precaution, Vulnerable Individuals* should carefully read the CCS CoVid-19 Liability Form and consult with the Head Coach and/or Athletic Director their desire to participate in Phase 1 Summer Workouts.
 - *The CDC defines *Vulnerable Individuals as people aged 65-years and older, and others with serious underlying health conditions, including high blood pressure, chronic lung disease, diabetes, obesity, asthma and those whose immune systems are compromised such as by chemotherapy for cancer and other conditions requiring therapy.*
- If a SA or any member of the SA's household test positive for the CoVid-19 virus you must notify the Head Coach and Athletic Director immediately.
- Workout times are strategically planned with all Fall sports on campus and must include a buffer zone to allow for one POD to enter and one to exit. Please drop-off or pick-up a SA in a timely manner due to the schedules allowed.

ARRIVAL ON CAMPUS:

- All SA's should arrive in the designated parking area for the POD they'll be working out in.

- All SA's should then proceed to the Pre-Workout Screening location for that POD.
 - SA's being driven to Summer Workouts should ask their ride to wait until they have successfully completed their Pre-Workout Screening before leaving campus.
 - SA's must wear a Face Mask from their vehicle to the Pre-Workout Screening station and following their Summer Workout to the return to their vehicle upon leaving campus.
 - SA's must always maintain a 6-foot social distancing space.
- All coaches, SA's and staff members will be screened daily for CoVid-19 prior to being admitted into the POD area.
 - This CoVid-19 Screening Station will check temperature and ask a series of questions.
 - Anyone showing symptoms of CoVid-19 though the Screening Station will not be admitted into the POD area and will wait in an isolation area and should contact their primary care provider.
- During Phase 1, no Parent/Guardian or non-Staff Members+ are permitted passed the Screening station.
 - All non-SA's, coaches, athletic personnel should remain in their vehicles while on campus dropping off or picking-up SA's.
 - *+For Phase 1, "Staff Members" shall be considered CCS Board approved coaches and athletic personnel only.*
- At no point should a SA enter any building facility on campus including locker rooms.
 - The only exception to this guideline, designated restrooms will be open during Phase 1 of Summer Workouts.
 - SA's should arrive on campus ready to workout in proper clothing and with their own water bottle with at least a gallon of water and sweat towels.

Student Signature: _____ date: _____

Parent Signature: _____ date: _____

STUDENT-ATHLETE INFORMED CONSENT, WAIVER/RELEASE & ASSUMPTION OF RISK FOR COVID-19

_____ (Student Participant) desires to participate in the Craven County Schools athletic program. I, _____ (Parent/Guardian/Student 18 or older), for myself and my child, understand and agree as follows regarding risks associated with the COVID-19 pandemic:

_____ **Contact Phone Number of Parent/Guardian**

- 1. Voluntary Participation:** I voluntarily elect for my Child/Student Participant to access and use the District's premises, facilities, and equipment, and on other school districts' properties in the course of participating in the athletic activity, so that my child may participate in the District's athletic program. I voluntarily elect for my Child/Student Participant to receive athletic instruction and training from District employees and volunteers. I understand that if I do not feel it is safe or appropriate to begin in-person workouts at this time, the student participant will be allowed to return to team activities without repercussions when I feel it is appropriate to do so, and the student participant may participate without mandatory attendance requirements during the summer period.
- 2. Acknowledgment of Risk:** I warrant that I am fully aware of the inherent risks of infection from the COVID-19 virus and pandemic, among other communicable diseases, in all public spaces, and particularly in recreational facilities such as those used by the District for its athletic programs. I understand that use of the District's premises, or other premises and locations, and participation in athletic activities may result in an increased risk of exposure to COVID-19 because of, among other things, the sharing of equipment, close contact with other individuals during many athletic activities, and the prevalence of high touch surfaces inherently associated with the activities, the increased respiration and emission of respiratory droplets associated with physical exertion, the use of water bottles and other personal use objects, and the inherent and natural interaction and sharing behaviors of students.

I understand that COVID-19 is considered a highly contagious virus that may have serious health consequences that could result in prolonged hospitalization, permanent injury, and even death, and the potential spread to other individuals, including other household members, and I acknowledge that such risk cannot be fully mitigated or controlled.
- 3. No Warranty:** I understand that the District will make reasonable efforts to comply with guidelines of North Carolina Department of Education, North Carolina High School Athletic Association and Centers for Disease Control. However, the District cannot eliminate the risk of exposure to COVID-19, or guarantee that the facilities and athletic activities will be free of COVID-19; that faculty, staff, and volunteers will be or will remain free of infection; or that infected and contagious students or their families will not be present on the premises or participating in the activity. Accordingly, the District cannot and does not warrant, guarantee, or offer assurances that individuals will not be exposed to COVID-19 while on the premises or engaged in athletic activities, or that individuals will not then expose others to COVID-19.
- 4. Assumption of Risk:** I understand and acknowledge that my or my child's access and use of the premises, facilities, equipment, and participation in the activities involve inherent risks to me or my child, and I understand the District has no control over these risks, nor the ability or duty to eliminate such risks, and even strict adherence to guidelines cannot eliminate risk. Consequently, for myself, and for my child, I assume such dangers, risks, and hazards by participating in athletic activities at this time.

5. **Indemnification, Waiver, Release:** I hereby waive, release, discharge, and hold harmless the District, including its Employees, Board, Directors/Officials, Officers, Agents, and Volunteers from any and all liability associated with any COVID-19 related injury to the Student Participant, including personal injury or illness or even death, loss of income or educational opportunity, property damage, and all losses, damages, expenses, liabilities, or claims of any nature arising out of, related to, or in any way connected to the Student Participant use of the premises, facilities, and participation in the activities.

If my student or any member of my household tests positive for the COVID-19 virus I will contact the Coach and Athletic Director immediately.

SIGNATURE BELOW INDICATES THAT I HAVE READ THIS **INFORMED CONSENT, RELEASE OF LIABILITY, ASSUMPTION OF RISK**; I FULLY UNDERSTAND ITS TERMS; I UNDERSTAND THAT I AM WAIVING RIGHTS BY SIGNING IT; AND I HAVE SIGNED IT FREELY AND VOLUNTARILY.

Signature of Parent/Guardian for Minor Student

Date

Print Name of Parent/Guardian

Signature of Student Participant

Date

Print Name of Student Participant

Employee/Coach

Date

WEEKLY NCHSAA Initial Screening Questions for Students and Coaches to Participate in Athletic Activity During COVID-19

The NCHSAA believes it is essential to the physical, emotional, and mental well-being of students to return to athletic activity as soon as deemed safe. However, the health and safety of these student-athletes is vital. Therefore, we are requiring that all students wishing to be involved in athletics complete this form before being allowed to participate in ANY organized activity.

Answering these questions truthfully will allow all participants to receive the needed evaluation to safely return to athletics, while helping prevent other team members and coaches from being put at risk for contracting the COVID-19 virus or causing the quarantine of some individuals or possibly an entire team.

Name		
Sport		
For the questions below, please circle yes or no		
YES	NO	Since January 1, 2020 have you been told that you have had a positive test for COVID-19, OR have you been told by a Doctor, Physician Assistant or Nurse Practitioner that you had to quarantine (stay home) due to concern that you had COVID-19 symptoms?
Today or in the past 2 weeks have you had any of the following symptoms:		
YES	NO	A fever (temperature more than 100.4° Fahrenheit or 38° Celsius)?
YES	NO	Shaking chills?
YES	NO	A new or worsening cough, shortness of breath or difficulty breathing?
YES	NO	Racing heart, heart skipping beats or fluttering of the heart?
YES	NO	Unusual dizziness, particularly with exercise?
YES	NO	Fatigue or difficulty with exercise?
YES	NO	A sore throat different than associated with seasonal allergies?
YES	NO	New loss of taste or smell?
YES	NO	Nausea, vomiting or diarrhea?
YES	NO	Do you have anyone in your household who has been diagnosed with COVID-19 in the past 14 days?
YES	NO	Have you been in contact with anyone infected with COVID-19 in the past 14 days?

If you answer yes to any of the questions above, you will need to return home and consult with your primary care provider. You will also need to contact your coach via email, phone or text to alert them to your symptoms.

By signing this document, I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of Athlete: _____ Date _____

Signature of Parent/Legal Custodian: _____