



RAAA COVID-19 Acknowledgement Form

Participant's name: _____

RAAA has developed a Preparedness Plan in response to the COVID-19 pandemic and has instituted safety measures consistent with CDC guidelines, including following social distancing protocols and asking coaches to visually screen players for symptoms upon arrival. As part of the cooperative effort to provide a safe and healthy environment for sports opportunities for our children, we are asking parents to acknowledge the RAAA COVID-19 Preparedness Plan guidelines including, but not limited to 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 medicine 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 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, that I will keep my participant home.

I acknowledge that if a member of the participant's team coaching staff suspects any potential COVID-19 symptoms they will isolate the participant and notify the parents or 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 RAAA COVID-19 Preparedness Plan that my participant will be removed from participating on the participant's team.

Parent or Legal Guardian: _____

Date: _____