

**Warren County School District  
Athletic Department  
COVID-19 Information Sheet**

The COVID-19 pandemic has presented athletics across the world with a myriad of challenges. The COVID-19 virus is a highly contagious illness that primarily attacks the upper respiratory system. The virus that causes COVID-19 can infect people of all ages. Research from the Centers for Disease Control (CDC), among others, has found that while children do get infected by COVID-19, relatively few children with COVID-19 are hospitalized. However, some severe outcomes have been reported in children, and a child with a mild or even asymptomatic case of COVID-19 can spread the infection to others who may be far more vulnerable. While it is not possible to eliminate all risk of furthering the spread of COVID-19, entities such as the DCS, the Pennsylvania Department of Health, and the Pennsylvania Department of Education (PDE) have provided (and will continue to provide) guidance regarding measures schools can implement to reduce the risks to students, coaches, and their families.

**These recommendations currently include, but are not limited to:**

1. Athletes, Coaches, and Staff will undergo a COVID- 19 health screening prior to any practice, event, or team meeting. The type of screening will be dependent upon the available resources and the Phase level. The purpose is to check for signs and symptoms of COVID-19. It will include a questionnaire and temperature check as needed.
2. Promote healthy hygiene practices such as hand washing, using hand sanitizer, cough in your elbow, avoid touching eyes, nose, face and mouth, no spitting, no gum chewing, No Handshakes/Celebrations (high fives, fist/elbow bumps, chest bumps, hugging)
3. Intensify cleaning, disinfection, and ventilation in facilities
4. Encourage social distancing through increased spacing, small groups, and limited mixing between groups, to the extent feasible
5. Educate Athletes, Coaches, and Staff on health and safety protocols and COVID-19 symptoms.
6. Anyone who is sick must stay home or will be sent home.
7. Putting a plan in place if a student or employee gets sick
8. Regularly communicate and monitor developments with local authorities, employees, and families regarding cases, exposures, and updates to policies and procedures
9. Athletes and Coaches **MUST** provide their own water bottle for hydration. Water bottles must not be shared. **Refill Stations and Water Fountains will NOT BE Initially AVAILABLE!**
10. PPE (gloves, masks, eye protection) will be used as needed and situations warrant, or determined by local/state governments. Face Coverings will not be used for athletes while practicing or competing.

Notification to Parents/Guardians and Student Athletes

Participation in sports is purely voluntary. While the District will implement its Athletics Health and Safety Plan to the best of its ability, the District cannot ensure that a student athlete will not be exposed to COVID-19 while participating. As a parent/guardian and student athlete, you must consider the student athlete's and your family's, unique circumstances (medical and otherwise) and make a determination as to whether the student athlete will voluntarily participate and assume any associated risks of participation. Please also be advised that, in order to protect the health and safety of all student athletes and staff members, each student athlete plays an important role by complying with the above recommendations and the District's Athletic Health and Safety Plan and parents/guardians play an important role in educating student athletes about the above recommendations, the District's Athletic Health and Safety Plan, and the importance of practicing good habits to prevent the spread of viruses. If a student athlete is at high risk of severe illness from COVID-19 due to an underlying medical condition, the Superintendent and School Nurse must be notified prior to participation so that appropriate steps can be taken with respect to the student athlete, based on the advice of the student athlete's physician, nurse practitioner, or physician's assistant

# Waiver/Release of Liability

## *(For Students Under Age 18)*

By signing below:

(1) I grant permission for my son/daughter, \_\_\_\_\_, to participate in \_\_\_\_\_ (hereinafter referred to as the "Sports Activity").  
(insert name of sport)

(2) I acknowledge my understanding that my child's participation in the Sports Activity is purely voluntary.

(3) I acknowledge my recognition that injury, illness (including viral and bacterial infections), or death may result on account of my child's participation in the Sports Activity; I agree to assume any and all risk associated with my child's participation in the Sports Activity; and I agree, to the greatest extent permitted by law, to forever release the Warren County School District, its officers, board members, agents, employees, and volunteers (hereinafter collectively referred to as the "ENTITY AND INDIVIDUALS") from any and all liability, claims, demands, losses, damages and causes of action of any kind arising in favor of any person (including myself) on account of, growing out of, incident to, or resulting, directly or indirectly, from my child's participation in the Sports Activity.

(4) I acknowledge my understanding and agreement that this Waiver/Release of Liability is binding on my heirs, assigns, executors, administrators, and any other legal representative.

(5) I acknowledge that I have read and understand the preceding COVID-19 Information Sheet (including the Notification to Parents/Guardians and Student Athletes), the District's Athletic Health and Safety Plan, and the guidelines stated therein (including my obligation to inform the Superintendent and School Nurse if my child is at high risk of severe illness from COVID-19 due to an underlying medical condition).

(6) I acknowledge that I have carefully read this Waiver/Release of Liability, and that I fully understand its contents.

(7) I acknowledge that I sign this Waiver/Release of Liability of my own free will and with full knowledge that this WAIVER/RELEASE OF LIABILITY is intended to forever release the Entity and Individuals from any liability arising out of my child's participation in the Sports Activity.

Parent/Guardian Signature #1 \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature #2 \_\_\_\_\_ Date \_\_\_\_\_

**BOTH PARENTS/GUARDIANS MUST SIGN AND DATE**

# Waiver/Release of Liability

*(For Students Age 18 or Older)*

By signing below:

(1) I indicate that I, \_\_\_\_\_, intend to participate in \_\_\_\_\_ (hereinafter referred to as the "Sports Activity").  
(insert name of sport)

(2) I acknowledge my understanding that my participation in the Sports Activity is purely voluntary.

(3) I acknowledge my recognition that injury, illness (including viral and bacterial infections), or death may result on account of my participation in the Sports Activity; I agree to assume any and all risk associated with my participation in the Sports Activity; and I agree, to the greatest extent permitted by law, to forever release the Warren County School District, its officers, board members, agents, employees, and volunteers (hereinafter collectively referred to as the "ENTITY AND INDIVIDUALS") from any and all liability, claims, demands, losses, damages and causes of action of any kind arising in favor of any person (including myself) on account of, growing out of, incident to, or resulting, directly or indirectly, from my participation in the Sports Activity.

(4) I acknowledge my understanding and agreement that this Waiver/Release of Liability is binding on my heirs, assigns, executors, administrators, and any other legal representative.

(5) I acknowledge that I have read and understand the preceding COVID-19 Information Sheet (including the Notification to Parents/Guardians and Student Athletes), the District's Athletic Health and Safety Plan, and the guidelines stated therein (including my obligation to inform the Superintendent and School Nurse if my child is at high risk of severe illness from COVID-19 due to an underlying medical condition).

(6) I acknowledge that I have carefully read this Waiver/Release of Liability and that I fully understand its contents.

(7) I acknowledge that I sign this Waiver/Release of Liability of my own free will and with full knowledge that this WAIVER/RELEASE OF LIABILITY is intended to forever release the Entity and Individuals from any liability arising out of my participation in the Sports Activity.

Student signature \_\_\_\_\_ Date \_\_\_\_\_