



Morrisville-Eaton Central School
P.O. Box 990 • Morrisville, NY 13408

Statement of Consent

We, the undersigned, have read and agree to abide by the athletic code rules and regulations and the COVID -19 Winter Athletics Plan. It is also recognized that mutual agreement with these rules and cooperation in their application is essential to the order and decorum of the athletic program. We agree to cooperate with the school authorities in the enforcement of this code and plan, and we recognize that our signatures grant permission for our son/daughter to participate and to ride the school bus to and from all away contests.

Sport: _____

Athlete's Name (Printed): _____

Athlete's Signature: _____ *Date:* _____

Parent/Guardian Signature: _____ *Date:* _____

Awareness of Risks

The participation in interscholastic sports, as in most of life's activities, carries a degree of risk of injury that cannot be ignored. While these risks do exist in our athletic program, the coaches, school nurse, teachers, and administration are committed to minimizing the possibilities of such occurrences through an emphasis on sound training and adherence to the procedures and guidelines contained in this athletic code.

Medical Insurance

Morrisville-Eaton Central School carries insurance coverage for student injuries that occur within its supervised activities. Please be aware, a family's personal insurance coverage must first be used to its allowable limits before the school's coverage makes payment towards any unpaid balance incurred due to injury. The school's insurance has a \$25.00 deductible.

PERMISSION FOR EMERGENCY MEDICAL TREATMENT

Athlete's Name: _____

DOB: _____

Grade: _____

Parent/Guardian Name: _____

Phone #: _____

Phone #: _____

Address: _____

Emergency Phone #: _____

Name of Insurance Co. or Government #: _____

Policy #: _____

Family Physician: _____

Phone #: _____

Date of Last Tetanus Shot: _____

Allergies/Current Meds: _____

I, the parent/guardian of the above-named minor, do hereby appoint the coaches of Morrisville-Eaton Central School to act on my behalf and consent to emergency medical treatment, hospitalization or other medical treatment as may be necessary. I hereby waive on behalf of the above-named child and myself any liability of the School District and of its agents or employees arising out of such treatment.

Parent/Guardian Signature: _____ **Date:** _____



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COVID 19 Informed Consent

We understand that to participate in Athletics at Morrisville – Eaton we agree to the following:

- *Full Cooperation with case investigations*
- *Full cooperation with contact elicitation*
- *Full adherence to isolation and quarantine orders*

Also, you understand the following factors but not limited to:

- *Participation in the sport may expose the athlete to COVID-19*
- *Symptomatic and asymptomatic individuals can spread the virus.*
- *Masking, distancing, and other mitigation measures reduce, but do not eliminate the risk of COVID-19*
- *At present, it cannot be predicted who will become severely ill if infected.*
- *COVID-19 can lead to serious medical conditions and death for people of all ages.*
- *The long-term effects of COVID-19 are, at present, unknown; even people with mild cases may experience long-term complications.*
- *There is a significant risk of transmission to those in the home of infected athletes.*
- *Older people and people with underlying health conditions are at higher risk of serious disease.*

Sport: _____

Athlete's Name (Printed): _____

Athlete's Signature: _____ *Date:* _____

Parent/Guardian Signature: _____ *Date:* _____



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COVID 19 Athletic Pledge

Part of being a great teammate is taking care of yourself to protect your team. As we return to participation in athletics it is important to understand how student-athletes and their families can help prevent the spread of the COVID-19 virus.

MONITOR AND CARE:

As a family we will monitor student-athlete health looking for possible signs of COVID-19 including:

- *A fever of 100.0°F or higher or Chills*
- *Cough*
- *Shortness of breath or difficulty breathing*
- *Fatigue*
- *Muscle or body aches*
- *Headache*
- *New loss of taste or smell*
- *Sore throat*
- *Congestion or runny nose*
- *Nausea or vomiting*
- *Diarrhea*
- Stay home if feeling sick.
- If someone in our immediate family, has tested positive for COVID-19, is awaiting a COVID-19 test result, or has had direct contact with a positive case of COVID-19, we will report this to our coaches, will not attend school events, and we will contact our medical provider.

PREVENTION:

- Wash your hands regularly for 20 seconds.
- Wash or sanitize your hands prior to and following practice/team sessions.
- Wash or sanitize hands frequently during practices and competitions, especially after touching shared objects or blowing your nose, coughing, or sneezing.
- Bring your own filled water bottle, clothing, towel, and other personal equipment to all events.
- Do not share any personal items with others.
- Wear approved mask covering nose and mouth at all times unless on a mask break given by the coach.
 - o This includes arrival and departure and moving around the facility.
- Avoid traveling to and from practice or competition with others outside of your household when possible.

PROVIDING SPACE:

- Whenever possible stay at least 6 feet from another person.
- Exceptions are allowed during training for brief contact, but physical distancing is a key to prevent spread of the virus.
- When working in pods of students, those pods should stay together during training and it is recommended that they stay consistent day-to-day.
- Pods should remain physically distant from each other as well.

I AGREE TO TAKE CARE OF MYSELF AND TEAMMATES

- I acknowledge that these expectations and pledge are a condition of my participation in interscholastic athletics and that any failure to comply with this pledge above may lead to immediate removal of athletic participation privileges and/or the inability to use athletic facilities.
- I take this pledge seriously and will do my part to protect my school and community.
- I have read, understand, and agree to comply with this pledge above.

Sport: _____

Athlete's Name (Printed): _____

Athlete's Signature: _____ *Date:* _____

Parent/Guardian Signature: _____ *Date:* _____