



Student-Athlete & Parent

ATHLETICS

Participation Acknowledgement Form

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, 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, the current science suggests there are many steps schools can take to reduce the risks to students, coaches, and their families.

The State College Area School District (SCASD) will take the necessary precautions and recommendations from the federal, state, and local governments, CDC, PA DOH, as well as the NFHS and PIAA. The SCASD realizes the knowledge regarding COVID-19 is constantly changing as new information and treatments become available. These recommendations will be adjusted as needed as new information becomes available in order to decrease the risk of exposure for our staff, students, and spectators.

These Recommendations include but may not be limited to all precautions outlined in the SCASD ATHLETICS INTERIM PLAN document.

I have read the SCASD ATHLETICS INTERIM PLAN document and understand that participating in athletic programs, events, and activities may include a possible exposure to a communicable disease including but not limited to MRSA, influenza, and COVID-19. While particular recommendations and personal precautions may reduce the risk, the risk of serious illness and death does exist. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of others, and assume full responsibility for my participation. I willingly agree to comply with the stated recommendations put forth by the SCASD to limit the exposure and spread of COVID-19 and other communicable diseases.

Student's Name: _____ ID#: _____ Sport(s): _____

Signature of Student Athlete: _____ Date: _____

Signature of Parent/Guardian: _____ Date _____



Coach / Staff

Participation Acknowledgement Form

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These Recommendations include but may not be limited to all precautions outlined in the SCASD ATHLETICS PLAN document.

I have read the SCASD ATHLETICS PLAN document and understand the importance of adhering to the procedures contained therein. I will comply with the stated recommendations and will ensure that all athletes under my supervision will comply with the recommendations as well.

Coach / Staff's Name: _____ Sport(s): _____

Coach / Staff Signature: _____ Date: _____