

# COVID-19/Soccer Waiver and Consent Form

Read this form carefully.

Parents and students should be aware of preliminary evidence that suggests student-athletes are at an increased risk of contracting COVID-19 when participating in sports, especially those sports where physical distancing is not always possible. Prior to allowing your child to participate in any sports, parents should educate themselves to the latest updates and risk on the COVID-19 virus. Please be aware that there are reports of kids who have become sick and, in some cases, have died due to this disease. In addition, there have been reports that long term health concerns can affect individuals, including kids who have become infected with COVID-19. Health issues may include, but not limited to injuries to the heart muscle, lung damage, blood clotting disorders, or deaths. A specific illness has impacted children with COVID-19 called Multisystem Inflammatory Syndrome of Children (MIS-C). Further research on this topic is needed before any conclusions can be drawn.

I/we understand that although schools have implemented several comprehensive plans to reduce the risks, these precautions cannot guarantee complete safety.

We further understand the risk we are taking by allowing our minor child to participate in playing soccer related activities during this Covid-19 Pandemic.

I/We also understand that soccer alone is a dangerous sport and cause serious injured or death by participating in this activity because there are certain dangers inherent in the activity which cannot be avoided or eliminated.

By signing this form I/We understand we are giving up our child's right and our right to recover from our child's school, the schools against which it competes, any companies or businesses associated with the school, the contest officials and FCAPPS in a lawsuit for any personal injury, including death, to your child or any property damage that results from the risks that are a natural part of the activity.

I understand that I by having the right to refuse to sign this form, that my child's school and its affiliates, as well as the schools against which it competes, the contest officials and FCAPPS also has the right to refuse your child to participate if you do not sign this form.

As parents, I/we are aware of the dangers of participating in soccer for our child especially during this COVID-19 pandemic. We accept responsibility for participating in school-based screenings for COVID-19 and for reporting all symptoms of illnesses to the Team Doctor, Athletic Trainer, or Coaches associated with sports including any signs and symptoms of COVID-19 and also any close contact or exposure to COVID-19 to the best of our ability.

As a student athlete, I understand the risk of exposure to COVID-19. I will inform the supervising coach, athletic trainer, or team physician immediately if I experience any symptoms or witness a teammate, classmate, or family member with any symptoms of COVID-19.

\_\_\_\_\_  
Name of Student-Athlete (printed)

\_\_\_\_\_  
Signature of Student-Athlete

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent/ Guardian (printed)

\_\_\_\_\_  
Signature of Parent/ Guardian

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

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Name of Parent/ Guardian (printed)

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Signature of Parent/ Guardian

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date