



COVID-19 PUBLIC HEALTH EMERGENCY PARENT ACKNOWLEDGMENT & DISCLOSURE

We value the health and safety of our coaches, children, and families. Therefore we are requiring parents to acknowledge and agree to our COVID-19 procedures and policies in order for your children to participate in AYF camps and programs.

Please read and initial each statement below.

_____ I understand that during this COVID-19 Public Health Emergency parents and care-givers will NOT be permitted to enter the camp area beyond the designated drop-off and pick-up spots. I understand that this procedure change is for the safety of all persons and to limit everyone's risk of exposure. I understand that it is my responsibility to inform any care givers who will be dropping off and picking up, as well as emergency contact persons, of the information contained herein.

_____ I understand that if there is an emergency requiring me to enter the AYF camp area beyond the designated drop-off and pick-up spot, I MUST wash or sanitize my hands before entering and wear a mask. While in the camp area I must practice social distancing and remain 6ft from all other people, except for my own child.

_____ I understand that my child and everyone in my household must be free from COVID-19 symptoms in order for my child to participate in AYF camps. If, during the day, any of the following symptoms appear, my child will be separated from the rest of the children in the camp. I will be contacted, and my child MUST be picked up from the camp within 30 minutes of being notified. And if, at any time during the week outside of camp hours, any of the following symptoms appear, I must immediately notify an AYF camp director or coach.

Symptoms include:

- Fever of 99.6 degrees Fahrenheit or Higher (per City of Austin Public Health)
- Dry Cough
- Shortness of Breath
- Chills
- Shaking
- Loss of Taste or Smell
- Sore Throat
- Muscle Aches
- Headache

While we understand that many of these symptoms can also be related to non-COVID-19 issues we must proceed with an abundance of caution during this Public Health Emergency. These symptoms typically appear 2-7 days after being infected so please take them seriously. Your child will need to be symptom free for 72 hours without medication before returning to AYF camp.

_____ I will monitor my child's temperature and check for other symptoms each day before arriving at AYF camp.

_____ I will make sure my child has used the bathroom and washed hands immediately before coming to camp each day.

_____ I understand that my child must wear a mask to camp.

_____ I understand that my child will be required to wash and/or sanitize their hands several times throughout the camp.

_____ I understand that AYF has adopted COVID-19 safety protocols including no-contact activities in which distancing can be enforced, daily sanitizing of equipment before during and after camp, and other measures to prevent spread of disease. I will discuss with my child the new safety measures AYF is implementing and will ensure that he/she complies with new rules.

_____ I understand that outside of AYF, in order to control my child's exposure in the community, I will comply with any and all state, county or local COVID-19 safety orders, and will limit my child's contact outside of AYF to persons living in my household. I will limit taking my child out to stores unless it is absolutely necessary and then only to shop for essential items like food, medicines and toiletries and will follow any recommendations from the CDC that limits my child's risk for exposure including wearing a mask in all public areas and remaining 6ft from all other people.

_____ My child and I will limit contact with anyone that does not live in our household. If in contact with others outside our household, we will practice all recommended social distancing, and exposure limiting practices recommended by the CDC.

_____ I will immediately notify an AYF director or a coach if I become aware of any person with whom my child or I have had contact exhibits any of the symptoms listed in number 1 above, is advised to self-isolate, quarantine, has tested positive, or is presumed positive for COVID-19. Further, I will immediately notify an AYF director or a coach if anyone from my place of employment is presumed positive or tests positive for COVID-19 whether or not I have had direct contact with that person.

_____ I understand that while at AYF camp each day my child will be in contact with children, families, and coaches who are also at risk of community exposure. I understand that no list of restrictions, guidelines, or practices will remove 100% of the risk of exposure to COVID-19 as the virus can be transmitted by persons who are asymptomatic and before some people show signs of infection. I understand that I play a crucial role in keeping everyone in AYF safe and reducing the risk of exposure by following the practices outlined herein.

I, _____ certify that I have read, understand, and agree to comply with the provisions listed herein. I acknowledge that failure to act in accordance with the provisions listed herein, or with any other policy or procedure implemented by Austin Youth Fitness, will result in my child being removed from camp.

Child's Name: _____

DOB: _____

Parent's Name: _____

Parent Signature

Date

Parent's Name: _____

Parent Signature

Date