

## Millersburg Area School District

### Participation Acknowledgement for Communicable Diseases Including COVID-19

The COVID-19 pandemic has presented athletics and extracurricular activities 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 Millersburg Area School District will take the necessary precautions and recommendations from the federal, state, and local governments, Centers for Disease Control and Prevention (CDC), Pennsylvania Department of Health (PA DOH), as well as the National Federation of State High School Associations (NFHS) and Pennsylvania Interscholastic Athletic Association (PIAA). The District 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 precautions include but may not be 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 Re-opening of PA Phase level. The purpose is to check for signs and symptoms of COVID-19. It will include a questionnaire and temperature check.
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. Intensive cleaning, disinfection, and ventilation in all facilities
4. Encourage social distancing through increased spacing, small groups, and limited mixing between groups, if feasible
5. Educate Athletes, Coaches, and Staff on health and safety protocols
6. Anyone who is sick must stay home, including a fever of 100.4 degrees or above
7. 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 or determined by local/state governments. Face Coverings will not be used for athletes while practicing or competing. Masks/Face Coverings will be utilized by District employees, unless they jeopardize an employee's health.
11. The District will identify Staff and students who may be at a higher risk of severe illness from COVID-19 due to underlying medical conditions. (See – CDC “People Who are at a High Risk for Severe Illness”)

In consideration of the above requirements, I, on behalf of the Student, and I, the Student, acknowledge the following:

- Participating in voluntary out-of-season workouts may include a possible exposure to a communicable disease, including but not limited to MRSA, influenza, and COVID-19. I/Student must be an active participant in my/his/her own healthcare.

- In consideration of my/his/her voluntary involvement in workouts, I have had an opportunity to carefully read the current CDC Guidelines for COVID-19 virus related health risks and understand the recommended precautions, along with the above requirements.
- I voluntarily and willingly choose to have Student participate in returning to District workouts. I willingly agree to comply with all procedures, protocols, and requirements put into place by the District in order to provide for safe athletic participation, to keep myself and others safe, and to limit and reduce the exposure to and spread of COVID-19 and other communicable diseases.
- I knowingly and voluntarily assume all risks related to the COVID-19 virus. I acknowledge that while particular recommendations and personal discipline may reduce the risk, the risk of serious illness and death does exist, and I assume full responsibility for my/his/her participation.

Extracurricular Activity: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Student: \_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

\*Parents/Guardians may request a full copy of the Millersburg Area School District Extracurricular Activities Health and Safety Plan. Contact Jeff Prouse, at [prousej@mlbgasd.k12.pa.us](mailto:prousej@mlbgasd.k12.pa.us).