

KYFCL Informed Consent Form

During this public health emergency each Member Organization of the Keystone Youth Football & Cheerleading League plays an important part in keeping our Youth and Communities healthy and safe. To avoid the spread of COVID-19 in any way we can, we appreciate your commitment to your local organization as well as the KYFCL to uphold our Mitigation Standard in the collective effort to maintain a safe sporting environment within our league. Please initial each section and sign on the back.

1. Partnership; _____

As a parent or guardian, you understand that you play a crucial role in keeping everyone safe and reducing the exposure by following the policies and practices outlined in this Standard. Please know that your family could be denied access to a game or practice based off the guidelines that are being put in place (Recommended by the CDC & Pa Department of Health). Please respect your organization's leadership as they are doing what is necessary to keep their season active and safe.

2. Exclusion from Participation; _____

Exclusions will take place if your child experiences any symptoms. In order for them to return we will require a note from a medical physician stating that their symptoms are not COVID-19 related.

3. COVID Symptoms/Screenings: _____

Screening Questions that will be asked daily if you answer (yes) to any please stay home.

Do you have or are you experiencing;

Fever 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

4. Temperature: (checked before each practice and game) _____

Any fever of 100.4 F or higher you may not participate in league activities. You should be fever free for 48hrs (without meds) before returning and must have a note from a medical physician stating that their symptoms are not COVID-19 related.

The KYFCL will adjust as needed and we know things may change throughout the season, please know that some things are out of our control. Be aware that your child will be screened at all practices and games as well as families upon arrival to games. KYFCL asks that only players and cheerleaders attend practice, parents may wait in cars or socially distanced in your organizations regular designated area. KYFCL also will have each organization screen the entire family upon entering each facility on game days. Please limit number of guests attending games, we ask that you try to keep to your immediate household. If your child encounters someone who tested COVID positive or your family has been exposed to anyone that has been; please let us know immediately and understand that the appropriate CDC recommended quarantine/isolation will be required.

I, _____ understand that the, _____ is
(PRINT YOUR NAME) (YOUR ORGANIZATION)
doing everything possible to keep my child/children and my family safe during these times. I will not hold this organization or the KYFCL or their leaderships liable if my child/children or family contracts or becomes diagnosed with COVID-19. I understand that my child/children are participating at our own risk and commit to doing my part in keeping this organization and the KYFCL safe and healthy. I agree to report any symptoms to my organization as soon as they are observed and agree to these terms. I am giving consent for my child/children to participate my organization's organized activities, practices and games under these terms of participation. I also understand that my organization, while adhering to the KYFCL Standard of Mitigation may choose to go above and beyond the league standard and will abide by those additions as well.

Name: _____
(PRINT)

(SIGN)

Date: _____
(MM/DD/YYYY)