

**2021-2022 Redwood Area Youth Basketball Association
COVID-19 Acknowledgement & Waiver Form**

Participant Name: _____

RABA has implemented a Preparedness Plan in response to the COVID – 19 pandemic. The safety measures are in accordance with the CDC & MDH guidelines. To ensure the health and safety of all participants, Coaches and family members, we are asking parents to read and acknowledge RABA COVID – 19 Preparedness Plan which include the following:

I acknowledge that I (parents) will be responsible for monitoring the health and symptoms of participant before all practices or games by completing a self-assessment and monitor for signs and symptoms of COVID-19 before each practice and game prior to the entering of a facility.

I understand my participant must stay home when they are sick, when household members are sick, or when required by a health care provider to isolate or quarantine themselves or a member of their household.

If my participant has a temperature of 100.4 Fahrenheit or above, I will notify the head coach and keep my participant home from practice until they are fever free for 24 hours without any fever reducing medication or what the current CDC guidelines state based on all symptoms.

I acknowledge that if my participant has the following symptoms: headache, sore throat, shortness of breath, new cough, new loss of taste of smell, diarrhea and/or vomiting in the last 24 hours, been sick in the last 3 days, I will notify the head coach and keep them home from practice or games until they are symptom free.

I acknowledge that if the participant or anyone in the participant’s household tests positive for COVID – 19 or has been told to self-quarantine, I will notify the head coach, keep my participant home and follow MDH recommendation.

I acknowledge that if a member of the participants team coaching staff suspects any potential COVID – 19 symptoms, they will isolate the participant and notify the parents legal guardian to pick up the participant immediately.

I acknowledge that if my participant tests positive for COVID – 19, it is my responsibility to notify the RABA Board immediately. The RABA Board will then notify the team that a team member has tested positive for COVID – 19, but they will not identify the individual.

I acknowledge that if I or my participant violate any part of the RABA COVID – 19 Preparedness Plan that my participant will be removed from participating on the participant’s team.

Parent or Legal Guardian: _____

Date: _____