



INSTRUCTIONS FOR FYFL ATHLETE COVID-19 DISCLOSURE, ACKNOWLEDGMENT & WAIVER



- 1) This form is to be completed by all youth athletes affiliated with FYFL.
- 2) A parent signature is required for all youth athletes. Witness signatures are required. Anyone may witness the athlete and parent signatures.
- 3) Form is to be filled out for Mass Registration. Upload the Covid-19 Disclosure, Acknowledgment & Waiver form.
- 4) If the first question is answered “YES”, the date of confirmation or exposure is filled. If an athlete is excluded because of exposure may return after the 10-day period **AND** must medical clearance from their primary care physician.
- 5) If any of the symptoms are checked, the athlete is excluded.
- 1) If temperature is not cleared, the athlete is excluded. If an athlete is excluded for temperature may return after the 10-day **AND** must medical clearance from their primary care physician.
- 2) Under “Duty to Inform” – all three boxes must be checked.
- 3) If an athlete has tested positive for COVID-19, they may not return without medical clearance.



FYFL Athlete Covid-19 Disclosure, Acknowledgment & Waiver 2021



ATHLETE INFORMATION

Name: _____ Club: _____ Age Division: _____

Check one: Football Cheer

Have you been in close contact to a person who is lab–confirmed to have COVID-19 in the past 14 days?
 _____ Yes _____ No
 If yes, what was the date of the last known close contact? _____

COVID-19 DISCLOSURE, ACKNOWLEDGMENT & WAIVER

Are you exhibiting any of the following new or worsening symptoms of possible COVID-19?
 Cough
 Shortness of breath or difficulty breathing
 Chills
 Repeated shaking with chills
 Muscle Pain
 Headache
 Sore throat
 Loss of taste or smell
 Diarrhea
 Feeling Feverish or a measured temperature greater than or equal to 100.4 degrees Fahrenheit
 Known close contact with a person who is lab confirmed to have COVID-19
 Currently living with someone experiencing symptoms of COVID-19
 None of the above/No Symptoms

Duty to Inform:
 _____ I will inform you if I knowingly come in contact with someone who tested positive within 14 days prior.
 _____ I will inform you and not attend FYFL activities for 10 days if I develop any of the above symptoms. If I test positive for COVID-19, I will not return to FYFL activity without medical clearance.

COVID-19 has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread from person-to-person contact. Federal, state, and local governments and health agencies recommend social distancing and have, in many areas, prohibited group activities.

FYFL is taking steps to reduce the spread of COVID-19; however, FYFL cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending FYFL activity could increase the risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending FYFL activity and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 may result from the act, omission, or negligence of myself and others, including, but not limited to, FYFL volunteers, and other participants and their families.

I voluntarily agree to assume the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may incur by reason of FYFL activity (“Claims”). On my behalf, and on behalf of my children, I hereby release and covenant not to sue FYFL, its affiliated organizations, employees, volunteers, agents, and representatives, of and from the Claims.

SIGNATURES

Mother’s Name (Print):	Mother’s Name (Signature):	Father’s Name (Print):	Father’s Name (Signature):
Witness Name (Print):	Witness Name (Signature):	Witness Name (Print):	Witness Name (Signature):

Date: _____ Date: _____