

**SOUTH WINDSOR HIGH SCHOOL  
OUT-OF-SEASON PHYSICAL FITNESS PROGRAM  
PARENT/ATHLETE CONSENT FORM**

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Sport \_\_\_\_\_

The Connecticut Interscholastic Athletic Conference (CIAC) allows schools to conduct non-mandated out-of-season conditioning programs provided students are not coerced to participate and as long as the programs do not interfere with other educational, athletic or family commitments.

We feel the program we are offering can be very beneficial to your child's growth and development and encourage them to participate. However, this program is not an interscholastic athletic program; therefore, you should always make certain your child is medically able to participate in the rigors such a program.

As a voluntary participant, I understand that such activity may involve the potential for injury, which is inherent in all sports. Even with strict observance of the rules, injuries are still a possibility. On rare occasions, these injuries can be so severe as to result in total disability, paralysis and even death.

As a voluntary participant, I understand that the school or the school district, or anyone acting on its behalf, are not responsible for any injury occurring in the course of this voluntary activity.

COVID-19- As with all group and team activities, there is a possibility that germs, bacteria and virus will be shared and disease can be contracted. All participants and staff will follow strict guidelines and protocols (see document named Conditioning Day by Day). Parents and athletes agree to refrain from participation if the athlete exhibits any symptoms (see COVID -19 Athletic Monitoring Form). While off season conditioning is strongly encouraged it does not guarantee a spot on the roster.

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

\_\_\_\_\_  
As an athlete of South Windsor High School I am willing to participate in a planned out-of-season conditioning program of my own free will and I am willing to abide by the following:

- I will attend only at times specified by my coach or assigned.
- I will not bring equipment or use any school equipment (except weights) during these conditioning sessions.
- I will participate only under the supervision of a coach or assigned staff member.
- I will abide by the COVID-19 guidelines (see attached copy) and participate only when I am free of symptoms as listed.
- I will have water, a mask, proper athletic attire with me and agree to not share these items with any other student-athletes or staff.

\_\_\_\_\_  
Signature of Student-Athlete

## **Conditioning Day by Day**

**Allowed in Attendance:** Athletes, coaches, medical staff

Workouts will be conducted in cohorts of the same 5-10 students working out together weekly to limit exposures. Cohorts will not meet more than 3 times per week.

Activities will focus on physical reconditioning of athletes, acclimation to exertional activity in warmer weather. Workouts will not exceed 60 minutes. No team practices.

### **Gathering Limitations:**

There must always be a minimum distance of 6 feet between each individual.

Physical contact such as high-fives, fist bumps, and hugs are prohibited.

Vulnerable individuals will not supervise or participate in any workouts.

All activities are limited to outdoor areas.

### **Screening:**

All staff and students are required to self-screen for any observable illness, including cough or respiratory distress, and to confirm temperature below 100 degrees Fahrenheit.

The coach or activity supervisor must confirm self-screening by all activity participants, upon arrival. Records of self-screening for each person will be recorded and stored (see sample COVID - 19 Athletic Monitoring Form).

Any person with positive symptoms reported will not be allowed to participate, should self-isolate, and contact their primary care provider or other health-care professional.

### **Face Covering:**

In accordance with CDC guidance, "face coverings are not intended to protect the wearer, but rather to reduce the risk of spreading COVID-19 from the person wearing the mask (who may not have any symptoms of disease)."

Recognizing the benefits and potential concerns of using face coverings during conditioning and physical activity, the CIAC, in collaboration with the Connecticut State Medical Society, Sports Medicine Committee, recommends:

- i. Cloth or disposable face coverings will be worn throughout each phase when not engaging in vigorous activity, such as when sitting on the bench, during chalk talk, interacting with an athletic trainer, etc.
- ii. Medical grade face coverings are not necessary. Cloth or disposable face coverings are acceptable.

- iii. Face coverings will not be worn when engaging in high intensity aerobic or anaerobic workouts, distance running, or swimming.
- iv. Plastic shields covering the entire face (or attached to a helmet) shall not be allowed during contests. Their use during practices increases the risk of unintended injury to the person wearing the shield or teammates. (2020 NFHS Guidance for Opening up High School Athletics and Activities, 2020)
- v. Coaches will always wear cloth face coverings.

**Hygiene Practices:**

Wash your hands with soap and water for at least 20 seconds or use hand sanitizer, especially after touching frequently used items or surfaces.

Hand sanitizer will be plentiful and available to individuals as they transfer from place to place.

Sneeze or cough into a tissue, or the inside of your elbow. Avoid touching your face.

Appropriate clothing/shoes will always be required/worn to minimize sweat from transmitting onto equipment/surfaces.

Athletes must be encouraged to shower and wash their workout clothing immediately upon returning to home.

Disinfect frequently used items and surfaces as much as possible.

**Hydration/Food:**

Athletes will not bring food to conditioning workouts. All athletes must bring their own water bottle with their name on it. Water bottles must not be shared. Hydration stations (water cows, water trough, water fountains, etc.) will not be utilized, except for water bottle refill stations.



**COVID-19 Athletic Monitoring Form**

Date:	Circle Yes/No Below															
	Player Name		Player Name		Player Name		Player Name		Player Name		Player Name		Player Name		Player Name	
Fever or Chills	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Cough	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Nasal Congestion or Runny Nose	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Sore Throat	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Shortness of Breath or Difficulty Breathing	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Diarrhea	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Nausea or Vomiting	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Fatigue	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Headache	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Muscle or Body Aches	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
New Loss of Taste or Smell	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Temp (If Higher Than 100.3)																