

- B. The Athlete or any member of their household has been diagnosed with COVID-19 or has a suspected diagnosis of COVID-19 or pending COVID test.
- C. The Athlete or any member of their household has spent time with another individual who has been diagnosed with COVID-19 or has a suspected diagnosis of COVID-19.
- D. The Athlete or any member of their household is currently under isolation or quarantine orders.

Parent Initial: _____ Athlete Initial: _____

- If the Athlete tests positive for COVID-19 or has been identified as being exposed to an individual that has tested positive for COVID-19, the Athlete or Parent/Guardian, if the Athlete is a minor, agrees to immediately inform

Covina-Valley Unified School District and acknowledges that the school district must contact the Los Angeles County Department of Public Health (LACDPH) to provide information regarding the confirmed positive test, including Athlete's name and contact information. I consent to the **Covina-Valley Unified School District** providing such information to LACDPH or any other the administrative body as required by law. I agree to willingly cooperate with any contact tracing that is deemed necessary by the **Covina-Valley Unified School District** and / or LACDPH.

Parent Initial: _____ Athlete Initial: _____

- We are aware that the Athlete may be exposed to COVID-19 while participating in or attending meetings, practices and/or competitions. We understand that this exposure carries a risk of infection, serious illness, or death for both the athlete and their household members.

Parent Initial: _____ Athlete Initial: _____

- We acknowledge **Covina-Valley Unified School District**, the Governor, State Department of Health, LACDPH, or other administrative body with authority over _____ may determine to cancel a competition or the season at any time. We also acknowledge _____ must comply with any mandates issued by any entity with the authority over athletics and agree to comply with any such directives even if issued after signature to this agreement.

Parent Initial: _____ Athlete Initial: _____

- Athlete and Parent/Guardian, if the Athlete is a minor, is/are aware that practices, games, spectating, and/or transportation will look different than prior years, including the need for physical distancing and the correct and consistent use of face masks. We agree to comply with the direction provided by the coaching staff and acknowledge that the failure to do so may result in the Athlete being refused participation at practice, competitions, and/or the entire sport season.

Parent Initial: _____ Athlete Initial: _____

