



COVID-19 Players/Parent Contract

Dear Students and Parents:

We are excited to begin high risk sports for the winter season. The health and wellness of all students and staff remains our top priority, so we are requiring each of our athletes to commit to participating within the guidelines set by The New York State Public High School Athletic Association (NYSPHSAA)

The following expectations will be required for student athletes to participate in the high risk sports of: Wrestling, Basketball and Cheerleading. This form MUST be brought to the first official practice on February 1 or students will be unable to participate in high risk sports this winter.

As a player/student athlete:

1. I will participate in health screenings when I arrive at every practice. I will not attend practice or come to school if I am exhibiting symptoms of COVID-19 (see the attached page for list of symptoms).
2. I agree to receive a COVID test before we begin practice on February 1. Thereafter, I will receive a COVID test on Wednesday or Thursday, depending on your Cohort, to be administered by school designated personnel. If we are not in school on the day I am scheduled to be tested, I agree to be tested on the next available day. If I test positive at any time, I must follow the protocols set by the Nassau County Department of Health.
3. I will show up to practice on time and ready to participate in my workout clothes. The School will provide a changing area for before practice or competitions. I understand that changing areas will not be open after practice or competitions and I will NOT be able to change my clothes at that time.
4. I will bring and wear my own face covering and water bottle labeled with my name to every practice or game. I will NOT share my face covering or water bottle with any other individual, player or coach.
5. I will sanitize or wash my hands with soap and water before I arrive for every practice and competition and at all break times during practice or competition.
6. While not in competitive play, I will maintain a minimum of 6 ft distance from all other individuals, players and coaches throughout the entire practice or competition and while on school property.
7. Throughout practice and competition, I will wear a face covering anytime that I am not physically exerting myself. I must wear my mask while on the bench.
8. I will not engage in any physical contact with another individual, player, or coach throughout the entire practice and while on school property except as directed by my coach.

9. I will not share or make contact with any personal items (such as water bottles, towels, backpacks etc) that another individual, player, or coach has also made contact with.
10. Any personal items that I bring to practice will be kept a minimum of 6ft distance from the items of other individuals, players and coaches.
11. I will only attend the practice days and times that my group is scheduled to attend. I will NOT arrive at a practice that my group is not scheduled to attend.
12. I understand that my participation in sports is voluntary.
13. I will not attend large gatherings of the team members off school property before or after competition and meets, such as post game or pre game parties. Doing so compromises the health and safety of my teammates and may jeopardizes the team's ability to participate in future competitions.
14. I understand that before participating, I will be fully registered on Family ID.

As a parent of a student athlete:

1. I will ensure that my student athlete and I have read, understand and will abide by ALL of the expectations listed above.
2. I will only transport players within my household.
3. I will not allow my student athlete to attend large gatherings of the team members off school property before or after competition and meets, such as post game or pre game parties. Doing so compromises the health and safety of his or her teammates and may jeopardize the team's ability to participate in future competitions.
4. I will not allow my student athlete to attend practices if they are exhibiting symptoms of COVID-19. See attached for symptoms.
5. I understand that before participating, my student athlete will be fully registered on Family ID.

I have read and agree to abide by ALL of the above expectations for participating in Athletics in Levittown Public Schools

Parent Signature: _____

Date: _____

Print Parent Name: _____

Player Signature: _____

Date: _____

Print Student Name: _____

Sport: _____