

### Bay City Rowing Club – COVID 19 Agreement for HS Crew

To reduce the chance of exposure and spread of COVID-19 at the Bay City Rowing Club, protocols have been developed for continuing our rowing programs during the pandemic. I understand that the Bay City Rowing Club is following US Rowing Guidelines and state and local government rules during the COVID-19 pandemic to reduce the risk of infection at the Bay City Rowing Center \_\_\_\_\_ (parent/guardian initials and date). Protocols include the possibly of masking on the Rowing Club premises and following the coaches' instructions for cleaning and disinfecting the equipment. I agree to instruct my child to follow the instructions provided by coaches in regards to reducing the risk of Covid 19 at the Rowing Center.

Printed name \_\_\_\_\_

Signature and date \_\_\_\_\_

If applicable, my child(ren) names are printed below.

\_\_\_\_\_

I **agree to monitor my child's health status** prior to coming to the Boathouse to row, by asking my child the following questions about possible symptoms or exposure to the virus over the last 48 hrs.

- Does my child have any fever (greater than 100.4 F), chills, sore throat, coughing?
- Does my child have any shortness of breath, difficulty breathing, blueish lips, pain or heaviness in chest?
- Does my child have any purple or red lesions on toes or fingers?
- Does my child have fatigue, muscle or body aches, or headache?
- Does my child have a new loss of smell or taste, sinus congestion?
- Does my child have nausea, vomiting, or diarrhea?

I agree that if my child has any of these symptoms that my child will **NOT** come to the boathouse to row.

Signature and date \_\_\_\_\_

I agree that my child will **NOT** come to the boathouse if in the **last 14 days**:

- My child has been in close contact with someone diagnosed or suspected with COVID-19, and is NOT fully vaccinated.
- My child has been diagnosed with COVID-19.
- My child has **traveled outside of United States, or to a region within the United States that is experiencing an extremely high rate of COVID 19 infection.** Please contact Club President to discuss specifics of your situation.

Signature and date \_\_\_\_\_

I agree that if my child is NOT fully vaccinated, has been at the boathouse in the last 14 days, and a close contact of my child has been **diagnosed with COVID-19**, I agree to notify BCRC president Lora Brehm (989-708-8074) ASAP.

Signature and date \_\_\_\_\_