

Bay City Rowing Club HS Crew – COVID 19 Agreement (4-3-22)

To reduce the chance of exposure and spread of COVID-19 at the Bay City Rowing Club, I (and my child) understand that the Bay City Rowing Club is following US Rowing Guidelines and state government rules during the COVID-19 pandemic to reduce the risk of infection at the Bay City Rowing Center. Protocols **might** include masking on the Rowing Club premises, and following the BCRC Board and coaches' instructions for cleaning and disinfecting the equipment. I (and my child) agree to follow the instructions provided in regards to reducing the risk of COVID-19 at the Rowing Club.

Printed name (HS Rower) _____

Signature (HS Rower) and date _____

Printer Name (Parent/Guardian) _____

Signature and date (Parent/Guardian) _____

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

- Do they have any fever (greater than 100.4 F), chills, sore throat, coughing or runny nose?
- Do they have any shortness of breath, difficulty breathing, blueish lips, pain or heaviness in chest?
- Do they have fatigue, muscle or body aches, or headache?
- Do they have a new loss of smell or taste?
- Do they have nausea, vomiting, or diarrhea?

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

Signature and date (Parent/Guardian) _____

I agree that my child will **NOT** come to the boathouse if in the **last 10 days**:

- They have been in close contact (as defined by CDC) with someone suspected or diagnosed with COVID-19, and their COVID-19 vaccinations are not up to date or they have not had a confirmed COVID-19 test (PCR) in the last 90 days.
- They had a positive COVID-19 test, and per CDC are required to self-isolate.
- They have **traveled outside of United States**.
- **Please contact Club President** Lora Brehm 989-708-8074 to discuss specifics of your situation as CDC requirements often change.

Signature and date (Parent/Guardian) _____

I agree that if my child has been at the boathouse in the last 10 days, and a close contact, or my child has been **diagnosed with COVID-19**, or suspected of having **COVID-19**, I will to notify BCRC president Lora Brehm (989-708-8074) ASAP.

Signature and date (Parent/Guardian) _____