Cross Country Meeting on Tuesday - October 5th 3:15-3:45 in courtyard
Parent Meeting on Thursday - October 7th at 4:30pm in courtyard

Student
Name: ________________________________

Grade __________

I do hereby give my child permission to participate in the 2021-2022 Sonoran Heights Cross Country.

In case of an emergency, please contact:
Name: ______________________________ (relationship to student) ________________
Phone # ____________________________

INSURANCE [ ] By checking this box, I attest that my student has medical insurance. My student is insured through __________________________ Provider. ALL students must be insured.

Thank you- Coach Kelly Davidson/Coach Jeff Salamone 623-523-8550 or email Kelly.davidson@dysart.org and Jeffrey.salamone@dysart.org

Parent/Guardian Name: ________________________________

Parent/Guardian Signature: ________________________________ Date: __________

Please return permission slip, COVID waiver and physical form to Ms. Deb in the front office
**COVID WAIVER ATTACHED ON BACK**
Dysart Unified School District
Participation in Sports and Athletic Events
COVID-19 Waiver, Release, and Assumption of Risk Form

On behalf of myself, my household members, and my minor child, __________________________, I hereby give permission for my child to participate in the following sports program and/or athletic events: Cross Country at Sonoran Heights Middle School. My child and I are familiar with, and knowingly and voluntarily accept, any and all risks associated with participation in the Sports Program. I acknowledge that my child’s participation is wholly voluntary and is not part of any regular school curriculum.

I specifically assume all risks and hazards associated with my child’s participation in the Sports Program including, but not limited to, the risks associated with the novel COVID-19 virus. I acknowledge that while participating in sports, my child will associate with staff and may physically contact other children and/or shared equipment, and may contract COVID-19 (and other viruses and diseases), notwithstanding any precautions taken by the school. I further acknowledge that the school cannot absolutely control the conduct of all students, guarantee that students or their parents will follow safety protocols and procedures, or prevent infected students from potentially spreading COVID-19 to my child, directly or indirectly. I understand and voluntarily assume the risk that my child may acquire COVID-19, and that the virus may subsequently be transmitted from my child to me, my family, and members of my household.

I certify that my child is in good health and has no fever. I understand that symptoms of COVID-19 include, but are not limited to, fever or chills, coughs, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea, vomiting, and diarrhea. My child currently has none of these symptoms, and I will notify the school and prevent my child from participating in the Sports Program if my child develops any of these symptoms, or if anyone in my household tests positive for COVID-19. I further certify that if my child experiences any of these symptoms, I will ensure that my child is symptom-free, without any medication, for ten (10) days before returning to the Sports Program. I will notify the school if my child tests positive for COVID-19, and my child and I will follow all COVID-19 protocols and procedures adopted by the District or school.

To the fullest extent permitted by law, I hereby agree to waive, release, and discharge any and all claims, causes of action, damages, and rights of any kind against the school, the District, the District’s insurers, the District’s governing board, and all of their respective employees, agents, representatives, and volunteers (the “Released Parties”) arising from or relating in any way to any damage, injury, trauma, illness, loss, or death that may occur to my child, me, or my household members as a result of the COVID-19 pandemic.

I further agree not to sue the Released Parties, and to defend and indemnify the Released Parties for all claims, damages, losses, or expenses, including attorneys’ fees, if a suit is filed concerning an injury, illness, or death to me, my child, or my household members as a result of the COVID-19 pandemic.

Parent/Guardian Name (Printed) __________________________________________

Parent/Guardian Signature __________________________ Date _____________