

**2021-2022: COVID-19 WAIVER**

I want to do my part to help ASA Gymnastics keep my child(ren), other children and families, and the coaching staff at ASA as safe as possible during the COVID-10 pandemic. I have read, understand, and agree to the following policies and procedures:

* I will follow guidelines for drop off and pick up of my gymnast and understand that observation windows and spectator seating may be closed during this time.
* Only one parent or non-participating visitor will enter main entrance for gymnast check-in and/or to visit the office for customer service.
* All parents/guardians and adult visitors are required to wear a mask when entering the ASA Gymnastics facility.
* I understand that ASA’s observation area and spectator seating may be closed during this time and will abide by this policy when it is in effect.
* ASA coaching staff will follow all current safety guidelines regarding masks and implement measures for hand washing/sanitizing.
* I will support and follow social distancing guidelines and do my best to remain at least 6 feet from others.
* Practice start and end times have been staggered to help avoid busy hallways and to allow sanitizing between programs. Parents are welcome in the facility at any time, but please help us keep the lobby area clear by talking a walk, sitting in the car, or choosing to drop off/pick up when possible.
* My gymnast will sanitize hands upon entering and exiting the gym and will have opportunities to use hand sanitizer or wash hands while in the facility.
* My gymnast will only bring necessary items into the gym – a Ziploc bag marked with water, facemask, and personal hand sanitizer is suggested. All other personal items should be left in the car or at home.
* I understand that it is best to have my gymnast wash and sanitize their hands and feet after practice. Please dispose of their gym Ziploc bag daily.
* I agree to keep my gymnast home if he/she or anyone in the family is coughing, has a temperature over 100, or other COVID-19 symptoms. For detailed information about symptoms we suggest viewing the CDC website.
* I understand and agree that these procedures will change and evolve over time and that I will follow any new standards required by the state of Pennsylvania and implemented by ASA Gymnastics.
* I understand that the coaches and everyone at ASA Gymnastics will make a strong effort to maintain social distancing, but that there will be times when contact and less than prescribed social distancing will occur. I am aware and agree that spotting is an essential part of training and is also used to prevent injury. I allow my child to be spotted when spotting is deemed necessary by the ASA coaching staff. I further understand that I am voluntarily allowing my child to participate in programs and activities offered by ASA Gymnastics, LLC , knowing that is impossible to keep her, myself, or anyone else who enters the gym completely safe from exposure to the COVID-19 virus. I accept that risk.

Gymnast Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Parent/Guardian Signature Date