

# Rose City Gymnastics

## PREVENTING COVID-19 IN THE FACILITY

### Athletes, Parents, Guests HANDBOOK

- Rose City Gymnastics COVID-19 Screening Process Agreement
- Rose City Gymnastics Preventing COVID-19 in the Facility Policy

#### Acknowledgement and Agreement

I, \_\_\_\_\_, acknowledge that I have read and understand the Rose City Gymnastics Screening Process Agreement and Preventing COVID-19 in the Facility Policy. I agree to adhere to these policies. I understand that if I violate the rules set forth by these policies, I may be sent home for a designated period of time, or denied access back into the facility or asked to go home to seek medical attention.

Athlete Name: (print) \_\_\_\_\_

Signature: \_\_\_\_\_

Guardian: (if under 18) \_\_\_\_\_

Signature: \_\_\_\_\_

Date: (MM/DD/YYYY) \_\_\_\_\_