

**Pilgrim Lutheran School Covid-19 Operational Plan  
Athlete Document**

**Statement Acknowledging Education and Responsibility to report signs or symptoms of covid-19 as part of the Pilgrim Lutheran School Covid Operational Plan Document.**

I, \_\_\_\_\_ (*student/athlete name*), of Pilgrim Lutheran School acknowledge that I have to be an active participant in my own healthcare. As such, I have the direct responsibility for reporting all of my injuries and illnesses to my coaches at Pilgrim Lutheran School. I am aware there are risks to me of exposure to directly or indirectly arising out of, contributed to, by, or resulting from an outbreak of any and all communicable disease, including but not limited to, the virus "severe acute respiratory syndrome coronavirus 2 (SARS-coV-2)," which is responsible for Coronavirus Disease (COVID-19) and/or any mutation or variation thereof.

I recognize that my true physical condition is dependent upon an accurate medical history and full disclosure of any symptoms, complaints, prior injuries, and/or disabilities experienced. I hereby affirm that I have fully disclosed in writing any prior medical conditions and will also disclose any future conditions to the coaches at Pilgrim Lutheran School.

I further understand that there is a possibility that participation in my sport may result in contracting covid-19. I hereby acknowledge having received education about the signs, symptoms and risks of covid-19. I also acknowledge my responsibility to report to my coaches and parent(s)/guardian(s) any signs or symptoms of a covid-19.

\_\_\_\_\_  
*Signature and Printed Name of Student-Athlete*

\_\_\_\_\_  
*Date*

I, the parent/guardian of the student-athlete named above, hereby acknowledge having received education about the signs, symptoms and risks of covid-19.

\_\_\_\_\_  
*Signature and Printed Name of Parent/Guardian*

\_\_\_\_\_  
*Date*