

# Participation Form - COVID Agreement

*We are excited to welcome your child to our program. As these are unprecedented times, we are doing our best to keep everyone safe.*

\*Any time a child feels unwell, please err on the side of caution and keep them home until they are well.

\*If your child was exposed to a person with COVID-19, he or she should stay out of the program for 14 days after their last exposure. Please contact us directly at 813-512-2924 or email [frontdesk@theprepofsouthtampa.org](mailto:frontdesk@theprepofsouthtampa.org) and you will be refunded for classes missed.

\*If your child has been diagnosed with COVID-19, he or she will need to wait 14 days before returning to camp or bring in a negative test result before they are admitted back into the program. Please contact us directly at 813-512-2924 or email [frontdesk@theprepofsouthtampa.org](mailto:frontdesk@theprepofsouthtampa.org) and you will be refunded for classes missed.

\*If staff member has been diagnosed with COVID-19 or has been exposed to COVID-19, the classes will either be taught by a substitute coach or classes will be placed on hold for 14 days after the exposure or a negative test result has been received. If the program needs to be put on hold, the missed classes will be made up at the end of the session.

\*Staff will be wearing masks during indoor classes and equipment will be wiped down between classes. For indoor classes, children are required to wear masks and parents must wait outside.

COVID-19 is a highly contagious virus and is usually transmitted from person to person. I understand that participating in activities with other people could increase my risk of contracting the virus even if I follow all of the protection guidelines. I understand that participating in programs at The Prep of South Tampa is a personal decision and completely voluntary and not required. In order to best protect myself, my teammates, my coaches, my family, and my community, I promise not to come to the facility if I have COVID-19, do not feel well, have a temperature above 100.4F, have not been around anyone who has had COVID-19 in the past two weeks, or have traveled but not completed the two-week self-quarantine period recommended by the CDC or required by state mandate.

Child's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Parent's Signature  
(Required):**

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