



JORDAN SCHOOL DISTRICT SUMMER PROGRAMS 2020
COACH / ADVISOR
DISCLOSURE / REGISTRATION

Complete this form.

Name of School: \_\_\_\_\_

Name of Sport/Activity: \_\_\_\_\_

Name of Coach/Advisor: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

STATEMENT OF ACKNOWLEDGMENT AND CONSENT: I do:

Acknowledge that participation in the Jordan School District 2020 Summer Programs is voluntary for myself and the students choosing to participate and consent to my participation therein.

Acknowledge that student and staff participation is voluntary and I will not require participation of students or staff.

Acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I and others may be exposed to or infected by COVID-19 through participation.

At a minimum, follow the expectations/guidelines identified by the Jordan School District while conducting all practices and activities.

Acknowledge that 2020 Summer Program participation is subject to various conditions and consent to those conditions, including but not limited to the following:

- Symptom checking of participant and documentation and reporting of the results of such symptom checking;
Participant removal from participation if symptomatic;
Wearing of face coverings when not on the field/performance venue;
Enforcing and complying with social distancing measures when not competing/performing; and
Guidelines set forth by Utah Department of Health and Salt Lake County Health Department.

\_\_\_\_\_  
Coach or Advisor

\_\_\_\_\_  
Date