

## COVID-19 Resuming Athletic Activities Guide

As we continue to navigate these waters and enter into the summer period where athletic activities can be resumed, this packet is designed to share with you all the precautions the school, in partnership with Wake Forest Baptist Health, are taking in our strategies to resume practices/workouts whilst placing the well-being of your student as our top priority. We are leaving no doubt we comply with the recommendations from the NCHSAA and Guilford County Schools regarding practices/workouts to maintain the imperative safety of our student-athletes and our defense against contamination around our campus.

On the first day of workouts, every student will be required to submit:

- The medical history questionnaire portion of the physical signed by both the parent/guardian and the student.
- The NCHSAA Initial Screening Questions for Students to Participate in Athletic Activity During COVID-19 form signed by both the parent/guardian and the student. (Please pay particular attention the information relative to "YES" answers on this screening form).
- Updated GW concussion form initialed and signed by both the parent/guardian and the student
- Guilford County Schools COVID release form signed by both the parent/guardian and the student

**These forms are attached.**

On July 6<sup>th</sup> every student arriving on campus for workouts will be required to turn in the above forms, fill out a daily screening questionnaire and have a daily temperature check.

***\*If an individual answers "Yes" to any of the daily screening questions or has a fever of 100.4F or greater, they CANNOT participate in any further school-related workouts until they have been cleared by a physician, indicating they do not need to be tested or that their symptoms are not due to COVID-19\****

After being screened students will then be required to report to their assigned coach, at their assigned location/facility to verify they have passed the screening process before beginning their workout.

- There will be NO access to locker rooms. Students are required to come dressed, ready to workout
- They will need to bring their own water bottle, clearly marked with their name
- They are encouraged to bring a towel to avoid wiping their sweat on their clothes during workouts
- Students are required to wear a face covering when not engaged in physical activity
- No physical contact such as high-fives, fist/elbow bumps and hugs

***\*\*Hand sanitizer will be readily available\*\****

## FAQ's

### Exposure of an Athlete, Coach or Staff Member to a Person Who Tests Positive for COVID-19

All members of the pod and those that had contact with that individual should:

- Quarantine (stay at home) until 14 days after your last exposure, unless you have a negative COVID-19 test
- Check your temperature twice daily and watch for developing symptoms of COVID-19
- If possible, stay away from people who are at a higher risk of getting very sick or contracting COVID-19

### Athlete or Coach Who Tests Positive for COVID-19

The local public health authority must be notified by the school to help with contact tracing.

To resume workouts, an athlete or coach must meet each of the following criteria:

- No fever for 72 hours without fever reducing medications
- Resolution of respiratory symptoms
- At least 10 days have passed since symptoms first appeared
- COVID-19 Infection Medical Clearance form signed by a licensed medical provider (MD, DO, NP, PA). This form is attached

### What Should I Do If My Child Gets Injured During Workouts?

I understand at this time some people have reservations about going to a medical facility due to the threat of increased contact of sick individuals. If your child sustains an injury during practice/workouts the coach will call me and I will come to that facility to evaluate. I will then contact you to let you know the next steps. This may be as simple as slight modifications in practice, to being referred to a doctor for further evaluation. Any referral that is necessary usually involves the NCHSAA requiring us to keep documentation on file. If your child needs to go to the doctor, I can access doctor's appointments extremely quickly and conveniently.



Please do not hesitate to contact me if you have any questions.

### Nova Woodard

Head Athletic Trainer

High Point Central High School



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## NCHSAA Initial Screening Questions for Students to Participate in Athletic Activity During COVID-19

The NCHSAA believes it is essential to the physical, emotional, and mental well-being of students to return to athletic activity as soon as deemed safe. However, the health and safety of these student-athletes is vital. Therefore, we are requiring that all students wishing to be involved in athletics complete this form before being allowed to participate in ANY organized activity.

Answering these questions truthfully will allow all participants to receive the needed evaluation to safely return to athletics, while helping prevent other team members and coaches from being put at risk for contracting the COVID-19 virus or causing the quarantine of some individuals or possibly an entire team.

<b>Name</b>		
<b>Sport</b>		
<b>For the questions below, please circle yes or no</b>		
YES	NO	Since January 1, 2020 have you been told that you have had a positive test for COVID-19, OR have you been told by a Doctor, Physician Assistant or Nurse Practitioner that you had to quarantine (stay home) due to concern that you had COVID-19 symptoms?
<b>Today or in the past 2 weeks have you had any of the following symptoms:</b>		
YES	NO	A fever (temperature more than 100.4° Fahrenheit or 38° Celsius)?
YES	NO	Shaking chills?
YES	NO	A new or worsening cough, shortness of breath or difficulty breathing?
YES	NO	Racing heart, heart skipping beats or fluttering of the heart?
YES	NO	Unusual dizziness, particularly with exercise?
YES	NO	Fatigue or difficulty with exercise?
YES	NO	A sore throat different than associated with seasonal allergies?
YES	NO	New loss of taste or smell?
YES	NO	Nausea, vomiting or diarrhea?
YES	NO	Do you have anyone in your household who has been diagnosed with COVID-19 in the past 14 days?
YES	NO	Have you been in contact with anyone infected with COVID-19 in the past 14 days?

**By signing this document, I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.**

Signature of athlete: \_\_\_\_\_

Signature of parent/legal custodian: \_\_\_\_\_

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



**ACKNOWLEDGEMENT OF RISK, WAIVER OF LIABILITY REGARDING  
VOLUNTARY PARTICIPATION IN ATHLETICS AND BAND**

On behalf of myself and on behalf of my minor child who is enrolled in Guilford County Schools ("GCS"), as his/her parent and/or legal guardian, our heirs, executors, administrators, and assigns fully acknowledge, understand, and agree to the following:

- a. **COVID-19 and related infections and conditions are extremely contagious and in light of the pandemic inherently presents a risk to participants in GCS Athletics.**
- b. It is my duty to fully inform my minor child of the **numerous risks and potential dangers associated with COVID-19 and related conditions**, including **SUFFERING, SEVERE PERSONAL INJURY OR DEATH AND EXPOSING OTHERS TO COVID-19 or other infectious disease, including but not limited to MRSA.**
- c. My child's **PERSONAL SAFETY CANNOT BE GUARANTEED.**
- d. My child's participation in the GCS Athletics and/or Band is completely voluntary, and I believe and have determined that I am willing to and assume the risk of my child participating in these activities, including specifically the known risk and danger associated with COVID-19 and related conditions.
- e. I hereby release and hold harmless the Guilford County Board of Education, its officers, directors, employees volunteers and sponsors (the "Releasees") from legal liability and any and all actions, suits, damages, claims or judgments for damages or expenses (including reasonable attorneys' fees and costs), that may result from any personal injury, illness, disability, death, or loss or damage to person or property, or any other claim demand, action or right of actions of whatever kind or nature, either in law or in equity, whether related to COVID-19 or otherwise regardless of fault, whether arising from the negligence of the Releasees or otherwise, to the fullest extent permitted by law.
- f. I agree that this Release and Waiver of Liability is intended to be as broad and inclusive as is permitted by law, and that if any portion of it is held invalid by an appropriate court of competent jurisdiction, the balance shall, notwithstanding, continue in full legal force and effect.
- g. I have read and voluntarily signed this Agreement, and further agree that no oral representations, statements, or inducements apart from the foregoing written agreement have been made.

Signature of Parent and/or Legal Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of GCS Student: \_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

## Gfeller-Waller NCHSAA Student-Athlete & Parent/Legal Custodian Concussion Information Sheet

**What is a concussion?** A concussion is an injury to the brain caused by a direct or indirect blow to the head. It results in your brain not working as it should. It may or may not cause you to black out or pass out. It can happen to you from a fall, a hit to the head, or a hit to the body that causes your head and your brain to move quickly back and forth.

**How do I know if I have a concussion?** There are many signs and symptoms that you may have following a concussion. A concussion can affect your thinking, the way your body feels, your mood, or your sleep. Here is what to look for:

Thinking/Remembering	Physical	Emotional/Mood	Sleep
Difficulty thinking clearly	Headache	Irritability-things bother you more easily	Sleeping more than usual
Taking longer to figure things out	Fuzzy or blurry vision	Sadness	Sleeping less than usual
Difficulty concentrating	Feeling sick to your stomach/queasy	Being more moody	Trouble falling asleep
Difficulty remembering new information	Vomiting/throwing up	Feeling nervous or worried	Feeling tired
	Dizziness	Crying more	
	Balance problems		
	Sensitivity to noise or light		

*Table is adapted from the Centers for Disease Control and Prevention (<http://www.cdc.gov/concussion/>)*

**What should I do if I think I have a concussion?** If you are having any of the signs or symptoms listed above, you should tell your parents, coach, athletic trainer or school nurse so they can get you the help you need. If a parent notices these symptoms, they should inform the school nurse or athletic trainer.

**When should I be particularly concerned?** If you have a headache that gets worse over time, you are unable to control your body, you throw up repeatedly or feel more and more sick to your stomach, or your words are coming out funny/slurred, you should let an adult like your parent or coach or teacher know right away, so they can get you the help you need before things get any worse.

**What are some of the problems that may affect me after a concussion?** You may have trouble in some of your classes at school or even with activities at home. If you continue to play or return to play too early with a concussion, you may have long term trouble remembering things or paying attention, headaches may last a long time, or personality changes can occur. Once you have a concussion, you are more likely to have another concussion.

**How do I know when it's ok to return to physical activity and my sport after a concussion?** After telling your coach, your parents, and any medical personnel around that you think you have a concussion, you will probably be seen by a doctor trained in helping people with concussions. Your school and your parents can help you decide who is best to treat you and help to make the decision on when you should return to activity/play or practice. Your school will have a policy in place for how to treat concussions. You should not return to play or practice on the same day as your suspected concussion.

***You should not have any symptoms at rest or during/after activity when you return to play, as this is a sign your brain has not recovered from the injury.***

*This information is provided to you by the UNC Matthew Gfeller Sport-Related TBI Research Center, North Carolina Medical Society, North Carolina Athletic Trainers' Association, Brain Injury Association of North Carolina, North Carolina Neuropsychological Society, and North Carolina High School Athletic Association.*



## Gfeller-Waller NCHSAA Student-Athlete & Parent/Legal Custodian Concussion Statement Form

Instructions: The student athlete and his/her parent or legal custodian, must initial beside each statement acknowledging that they have read and understand the corresponding statement. The student-athlete should initial in the left column and the parent or legal custodian should initial in the right column. Some statements are applicable only to the student-athlete and should only be initialed by the student-athlete. This form must be completed for each student-athlete, even if there are multiple student-athletes in the household.

Student-Athlete Name: (please print) \_\_\_\_\_

Parent/Legal Custodian Name(s): (please print) \_\_\_\_\_

Student-Athlete Initials		Parent/Legal Custodian(s) Initials
	A concussion is a brain injury, which should be reported to my parent(s) or legal custodian(s), my or my child's coach(es), or a medical professional if one is available.	
	A concussion cannot be "seen." Some signs and symptoms might be present immediately; however, other symptoms can appear hours or days after an injury.	
	I will tell my parents, my coach and/or a medical professional about my injuries and illnesses.	Not Applicable
	If I think a teammate has a concussion, I should tell my coach(es), parent(s)/ legal custodian(s) or medical professional about the concussion.	Not Applicable
	I, or my child, will not return to play in a game or practice if a hit to my, or my child's, head or body causes any concussion-related symptoms.	
	I, or my child, will need written permission from a medical professional trained in concussion management to return to play or practice after a concussion.	
	Based on the latest data, most concussions take days or weeks to get better. A concussion may not go away, right away. I realize that resolution from a concussion is a process that may require more than one medical visit.	
	I realize that ER/Urgent Care physicians will not provide clearance to return to play or practice, if seen immediately or shortly after the injury.	
	After a concussion, the brain needs time to heal. I understand that I or my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before concussion symptoms go away.	
	Sometimes, repeat concussions can cause serious and long-lasting problems.	
	I have read the concussion symptoms listed on the Student-Athlete/ Parent Legal Custodian Concussion Information Sheet.	
	I have asked an adult and/or medical professional to explain any information contained in the Student-Athlete & Parent Concussion Statement Form or Information Sheet that I do not understand.	

**By signing below, we agree that we have read and understand the information contained in the Student-Athlete & Parent/Legal Custodian Concussion Statement Form, and have initialed appropriately beside each statement.**

\_\_\_\_\_  
Signature of Student-Athlete

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Custodian

\_\_\_\_\_  
Date

**NORTH CAROLINA HIGH SCHOOL ATHLETIC ASSOCIATION SPORT**  
**PREPARTICIPATION EXAMINATION FORM /**  
**ASOCIACIÓN DE ATLETISMO DE LAS ESCUELAS DE SECUNDARIA SUPERIOR DE CAROLINA DEL NORTE**  
**FORMULARIO DE EXAMINACIÓN PARA LA PARTICIPACIÓN EN DEPORTES**

Student Athlete's Name / Nombre del estudiante atleta: \_\_\_\_\_

DOB / la fec. nac. : \_\_\_\_\_ Age / Edad: \_\_\_\_\_ Gender / Género: \_\_\_\_\_

This is a **screening examination** for participation in sports. **This DOES NOT substitute for a comprehensive examination with your child's regular physician where important preventive health information can be covered.**

Este es una evaluación para la participación en deportes. **No sustituye un examen detallado con el médico regular de su hijo(a), donde información de salud importante y preventiva puede ser cubierta.**

**Student-Athlete's Directions:** Please review all questions with your parent or legal custodian and answer them to the best of your knowledge.

**Instrucciones para el deportista:** Por favor, revise todas las preguntas junto con su padre/madre/tutor legal y contéstelas lo mejor mejor posible de acuerdo a su conocimiento.

**Parent/Legal Custodian Directions:** Please make sure that all questions are answered to the best of your knowledge. If you do not understand or are unsure about the answer to a question please ask your doctor. Not disclosing accurate information may put your child at risk during sports activity.

**Instrucciones para los padres de familia:** Por favor, asegúrese que todas las preguntas son contestadas lo mejor posible de acuerdo a lo que sabe. Si no entiende o no sabe la respuesta a una pregunta, por favor, pregúntele a su médico. El no divulgar información precisa puede perjudicar la salud de su hijo(a) mientras hace deporte.

**Physician's Directions:** We recommend carefully reviewing these questions and clarifying any "Yes" or "Unsure" answers.

Explain "Yes" or "Unsure" answers in the space provided below or on an attached separate sheet if needed / En el espacio de abajo explique todas sus respuestas que contestó con "Sí" o "No sé"	Yes / Sí	No	Unsure / No sé
1. Does the athlete have any chronic medical illnesses [diabetes, asthma (exercise asthma), kidney problems, migraine, etc.]? List: ¿El deportista tiene alguna enfermedad crónica [diabetes, asma (asma inducida por ejercicio), problemas con los riñones, etc.]? Enumere:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the student-athlete presently taking any medications or pills? ¿El deportista está tomando actualmente algún medicamento o pastillas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the student-athlete have any allergies (medicine, bees or other stinging insect, latex)? ¿El deportista tiene alguna alergia (a medicina, las abejas u otros insectos que pican, látex)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the student-athlete have the sickle cell trait? ¿El deportista tiene la enfermedad de células falciformes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has the student-athlete ever had a head injury, been knocked out, or had a concussion? ¿Alguna vez el deportista se ha lastimado la cabeza, ha sido noqueado, o ha tenido una contusión?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Has the student-athlete ever had a heat injury (heat stroke) or severe muscle cramps with activities? ¿Alguna vez el deportista se ha lastimado la cabeza (insolación) o calambres musculares severos con actividades?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Has the student-athlete ever passed out or nearly passed out DURING exercise, emotion, or startle? ¿Alguna vez el deportista se ha desmayado o casi se ha desmayado MIENTRAS está haciendo ejercicio, o al emocionarse o espantarse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Has the student-athlete ever fainted or passed out AFTER exercise? ¿Alguna vez el deportista ha desmayado o ha perdido el conocimiento DESPUÉS de hacer ejercicio?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Has the student-athlete had extreme fatigue (been really tired) with exercise (different from other children)? ¿Alguna vez el deportista ha tenido fatiga (cansancio extremo) con el ejercicio (diferente de otros niños)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Has the student-athlete ever had trouble breathing during exercise, or a cough with exercise? ¿Alguna vez el deportista ha tenido dificultad para respirar mientras está haciendo ejercicio, o le ha dado tos con el ejercicio?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Has the student-athlete ever been diagnosed with exercise-induced asthma? ¿Alguna vez un médico le ha dicho al deportista que tiene asma inducida por el ejercicio?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Has a doctor ever told the student athlete that they have high blood pressure? ¿Alguna vez un médico le ha dicho al deportista que tiene presión alta?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Has a doctor ever told the student-athlete that they have a heart infection? ¿Alguna vez un médico le ha dicho al deportista que tiene una infección del corazón?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Has the doctor ever ordered an EKG or other test for the student-athlete's heart, or has the athlete ever been told they have a heart murmur? ¿Alguna vez un médico ordenó un electrocardiograma u otra prueba para el corazón del deportista, o le han dicho al deportista que tiene un soplo en el corazón?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Has the student-athlete ever had discomfort, pain, or pressure in their chest during or after exercise or complained of their heart "racing" or "skipping beats"? ¿Alguna vez el deportista ha tenido molestias, dolor o presión en el pecho durante o después de hacer ejercicio o se ha quejado de sentir el corazón acelerado (palpitaciones) o latidos irregulares del corazón?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. Has the student-athlete ever had a seizure or been diagnosed with an unexplained seizure problem? ¿Alguna vez el deportista ha tenido una convulsión o ha sido diagnosticado con un problema de convulsiones inexplicables?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Has the student-athlete ever had a stinger, burner, or pinched nerve? ¿Alguna vez el deportista ha tenido un nervio pinchado, quemado o lastimado?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Has the student-athlete ever had any problems with their eyes or vision? ¿Alguna vez el deportista ha tenido problemas con sus ojos o de visión?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Place a check beside each body part that the student-athlete has ever sprained/strained, dislocated, fractured, broken had repeated swelling in or had any other type of injury to any bones or joints? ¿Alguna vez el deportista ha tenido un esguince, dislocado, fracturado, roto o ha tenido inflamación repetida u otra herida en cualquier hueso o articulación? <input type="checkbox"/> Head/Cabeza <input type="checkbox"/> Shoulder/Hombro <input type="checkbox"/> Thigh/Muslo <input type="checkbox"/> Neck/Cuello <input type="checkbox"/> Elbow/codo <input type="checkbox"/> Knee/Rodilla <input type="checkbox"/> Forearm/Antebrazo <input type="checkbox"/> Shin/calf/Pantorrilla <input type="checkbox"/> Back/Espalda <input type="checkbox"/> Wrist/Muñeca <input type="checkbox"/> Ankle/Tobillo <input type="checkbox"/> Hand/Mano <input type="checkbox"/> Chest/Pecho <input type="checkbox"/> Foot/Pie <input type="checkbox"/> Hip/Cadera <input type="checkbox"/> Other/Otro: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Has the student-athlete ever had an eating disorder, or are there concerns about his/her eating habits or weight? ¿Alguna vez el deportista ha tenido un problema alimenticio o usted tiene alguna preocupación acerca de sus hábitos alimenticios o su peso?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Has the student-athlete ever been hospitalized or had surgery? ¿Alguna vez el deportista ha sido hospitalizado o ha tenido una cirugía?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Has the student-athlete had a medical problem or injury since their last evaluation? ¿El deportista ha tenido un problema de salud o se ha lastimado desde su última evaluación física?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. (Place a check beside each statement that applies to the student-athlete, elaborate in the space provided below). (Coloque una marca al lado de cada enunciado que corresponda al deportista, provea más detalles en el espacio provisto a continuación). a. Has the student-athlete had little interest or pleasure in doing things? ¿El deportista ha tenido poco interés o placer en hacer las cosas?  b. Has the student-athlete been feeling down, depressed, or hopeless for more than 2 weeks in a row? ¿El deportista se ha sentido triste, deprimido o desesperado durante más de 2 semanas seguidas?  c. Has the student-athlete been feeling bad about himself/herself that they are a failure, or let their family down? ¿El deportista se ha sentido mal acerca de sí mismo(a), que es un fracasado(a) o está defraudando a su familia?  d. Has the student-athlete had thoughts that he/she would be better off dead or hurting themselves or others? ¿El deportista ha tenido pensamientos donde estaría mejor muerto o ha pensado hacerse daño a sí mismo(a)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>FAMILY HISTORY/HISTORIA FAMILIAR</b>	<b>Yes / Sí</b>	<b>No</b>	<b>Unsure / No sé</b>
24. Has any family member had a sudden, unexpected, death before age 50 (including from sudden infant death syndrome [SIDS], car accident, or drowning)? ¿Algún miembro de la familia ha fallecido repentinamente o inesperadamente antes de los 50 años (incluyendo el síndrome de muerte infantil repentina (SIDS, por sus siglas en inglés), accidente de coche, ahogo)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Has any family member had unexplained heart attacks, fainting, or seizures? ¿Algún miembro de la familia ha tenido ataques, desmayos o convulsiones repentinos?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Does the athlete have a father, mother, or brother with sickle cell disease? ¿El padre, madre o algún hermano(a) del deportista tienen la enfermedad de células falciformes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain "yes" or "unsure" answers here / Escriba acerca de las respuestas a las cuales contestó "Sí" o "No sé":

*By signing below, I agree that I have reviewed and answered each question above. Every question is answered completely and is correct to the best of my knowledge. Furthermore, as parent or legal custodian, I give consent for this examination and give permission for my child to participate in sports.*

*Al firmar en la parte de abajo usted está indicando que está de acuerdo con que ha revisado y contestado todas las preguntas anteriores/ Cada pregunta es respondida y es correcta según mi conocimiento. Además, como padre de familia o tutor legal, doy mi consentimiento para esta evaluación y doy permiso para que mi hijo(a) participe en deportes.*

Signature of parent/legal custodian / Firma del padre/tutor legal: \_\_\_\_\_

Date / Fecha: \_\_\_\_\_ Phone / Telefónico #: \_\_\_\_\_

Signature of athlete / Firma del deportista: \_\_\_\_\_ Date / Fecha: \_\_\_\_\_