

# WALSH UNIVERSITY ATHLETICS

## COVID-19 – Camp Acknowledgment Form



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

Camp: \_\_\_\_\_

Parent / Legal Guardian Name: \_\_\_\_\_

Camper Name: \_\_\_\_\_

Please acknowledge that you understand that there is a COVID-19 virus that presents health risks associated with your son or daughter participating in an athletic camp.

Please also acknowledge that you and or your son/daughter will adhere to the following guidelines:

1. Complete Walsh University Athletic Camp Medical Packet.
2. Adhere to hygiene procedures including frequent handwashing, avoiding touching your face, cleaning high touch surfaces, and physical distancing.
3. Stay home if he/she or any others with whom he/she come in contact develop symptoms of illness.
4. Notify the camp director if the camper or someone the camper has come in contact with has develop symptoms of illness.
5. Use personal protective equipment as required.

Parent/Legal Guardian Signature: \_\_\_\_\_

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