

Account Name: \_\_\_\_\_

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1145 Station Road • Medford • NY • 11763 • (631) 205-5437



## DOING MY PART TO KEEP GYM-NEST SAFE

I want to do my part to help Gym-Nest keep my child(ren), their classmates/teammates, the coaches/staff, other families, and everyone else at the gym as safe as possible during the COVID-19 pandemic. I have read, understood, and agree to the following policies and procedures.

**\*NOTE:** Every family must have this agreement on file before participating in any activities.

### ***I understand and agree that:***

- All participants/members/staff/guests will have their temperature checked with a touchless thermometer prior to entering the facility and anyone with a temperature above 100.4 will not be permitted to enter.
- That only one parent or non-participating individual will be allowed to enter the building. To maintain social distances no one will be permitted in the lobby while we line up for classes.
- I am required to wear a mask or facial covering to enter the gym.
- I am aware that my child will be required to wear a mask or facial covering while in the gym. They may, however, remove the covering only while on the apparatus or doing physical activities.
- I will follow social distancing standards of six to ten feet while in the gym and on the grounds of Gym-Nest.
- My gymnast will have regular opportunities to use the hand sanitizing stations available throughout the facility.
- My child will use the restroom and wash their hands and feet thoroughly before leaving home and coming to Gym-Nest.
- I will have my child wash their hands and feet thoroughly upon arriving back home.
- I agree to keep my child home if they or anyone in my family is coughing, has a temperature over 100.4 degrees, is exhibiting other COVID-19 symptoms or have come in contact with anyone who has been diagnosed with COVID-19.
- I understand that these procedures may change and evolve over time. I will follow any new standards required by the State of New York, the CDC, and/or Gym-Nest Gymnastics.

I understand that the coaches, staff, and everyone at the Gym-Nest will make a strong effort to maintain social distancing but that there will be times when incidental contact and less-than-prescribed physical distancing will occur. I am aware and agree that spotting is an essential part of training gymnasts in order to keep them safe and to prevent injury. I will allow my child to be spotted when spotting is necessary. I further understand that I am voluntarily allowing my child to participate in programs and activities offered by Gym-Nest Gymnastics, knowing that it is impossible to keep them, myself, or anyone else who enters the gym completely safe from exposure to contaminants, including the COVID-19 virus. I accept that risk.

Name of Gymnast(s): \_\_\_\_\_

Print Parent/Guardian Name: \_\_\_\_\_

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

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