



Redlands Unified School District

Educational Services Division

Student Services Department

P.O. Box 3008 Redlands, California 92373-1508 (909) 307-5300 FAX (909) 792-3847

Student-Athlete/Parent COVID Acknowledgement

I understand that, in this time of elevated illness concern, it is my responsibility to do what I can to prevent the transmission of illness/disease to my teammates and coaches. By signing this document, I pledge to protect myself and every individual with whom I encounter, from potential exposure by:

Adhering to RUSD Self-Screening Protocols:

I will self-assess daily for possible symptoms of illness **BEFORE** attending any athletics practice/game/event. If I am experiencing one or more of the following symptoms, I **MUST** stay home from practices/games/events until I am symptom-free, without the use of medication, for 72 hours. I agree to **NEVER** conceal, mask and/or downplay any perceived symptoms. I will notify my coach of my absence due to symptoms/illness.

- Persistent dry cough
- Persistent shortness of breath
- Fever of 100.4 degrees or higher (flushed, red cheeks, lethargic)
- Overall body aches
- Persistent red eyes (not from allergies or environment)
- Any other significant cold-like/flu-like symptoms

Limit Outside Interactions:

I will limit my, within 6 feet, physical interactions with individuals outside of my household as much as possible to, in turn, limit exposure to my teammates and coaches.

RUSD Phased Athletic Guidelines:

I agree to **STRICTLY** adhere to the RUSD phased athletic guidelines. I understand that failing to adhere to the protocols may jeopardize my position on the team.

Player Name (Print): _____

Player Signature: _____ Date: _____

Parents: By signing this document you agree to support your child in his/her adhering to the Student-Athlete illness prevention pledge.

Parent Name (Print): _____

Parent Signature: _____ Date: _____

Redlands Unified Athletics

BUILDING CHARACTER, CLASS AND CONFIDENCE