



**Dayspring Christian Academy  
Athletic Department  
Participation Waiver for Communicable Diseases Including COVID-19**

The COVID-19 pandemic has presented athletics across the world with a myriad of challenges concerning this highly contagious illness that primarily attacks the upper respiratory system. Some severe outcomes have been reported in children, and a child with a mild or even asymptomatic case of COVID-19 can spread the infection to others who may be far more vulnerable.

In consultation with CDC and PA DOH guidelines and in compliance with PIAA rules, DCA will make every effort to implement reasonable and responsible protocols and procedures to reduce the risks to students, coaches and their families. DCA has created a comprehensive athletics health and safety plan in order for student athletes return to sports related activities safely. We ask all our coaches, student athletes and families to read the DCA Athletics Health and Safety plan prior to participating in any sport related activity. As knowledge regarding COVID-19 is constantly changing, DCA reserves the right to adjust and implement precautionary methods as necessary to decrease the risk of exposure for our staff, students, and spectators.

By signing this form, the undersigned acknowledges that that they have read and understand the DCA Athletics Health and Safety Plan and willingly agree to comply with the stated recommendations put forth by DCA to limit the exposure and spread of COVID-19 and other communicable diseases. We certify that the student/coach is in good physical condition or believe student/coach to be in good physical condition. We allow participation in this sport at our own risk with full acknowledgement that:

1. Athletes will not be required to wear masks
2. Coaches and staff may not be wearing masks
3. Although every effort will be made, there is no guarantee that each athlete will get his/her own equipment
4. My athlete will provide his own water bottle and will not share
5. Moderate-risk sports are by definition higher risk of virus transmission and we assume this risk

Sport(s): \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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

Signature of Coach: \_\_\_\_\_ Date: \_\_\_\_\_