



## Covid-19 Symptoms:

All DYHA event participants and attendees should assess their health to ensure they have no Covid symptoms before attending a DYHA Event. Parents should assess their players and attending children.

People who are infected with COVID-19 have developed mild to severe respiratory illness with symptoms including fever, cough, shortness of breath, and potentially respiratory distress 2-14 days after exposure. Call your health care provider for medical advice if you think you have been exposed to COVID-19 and develop a fever and symptoms, such as cough or difficulty breathing.

Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms may have COVID-19:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Look for emergency warning signs for COVID-19. If someone is showing any of these signs, seek emergency medical care immediately:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face

Call your medical provider for any other symptoms that are severe or concerning to you.

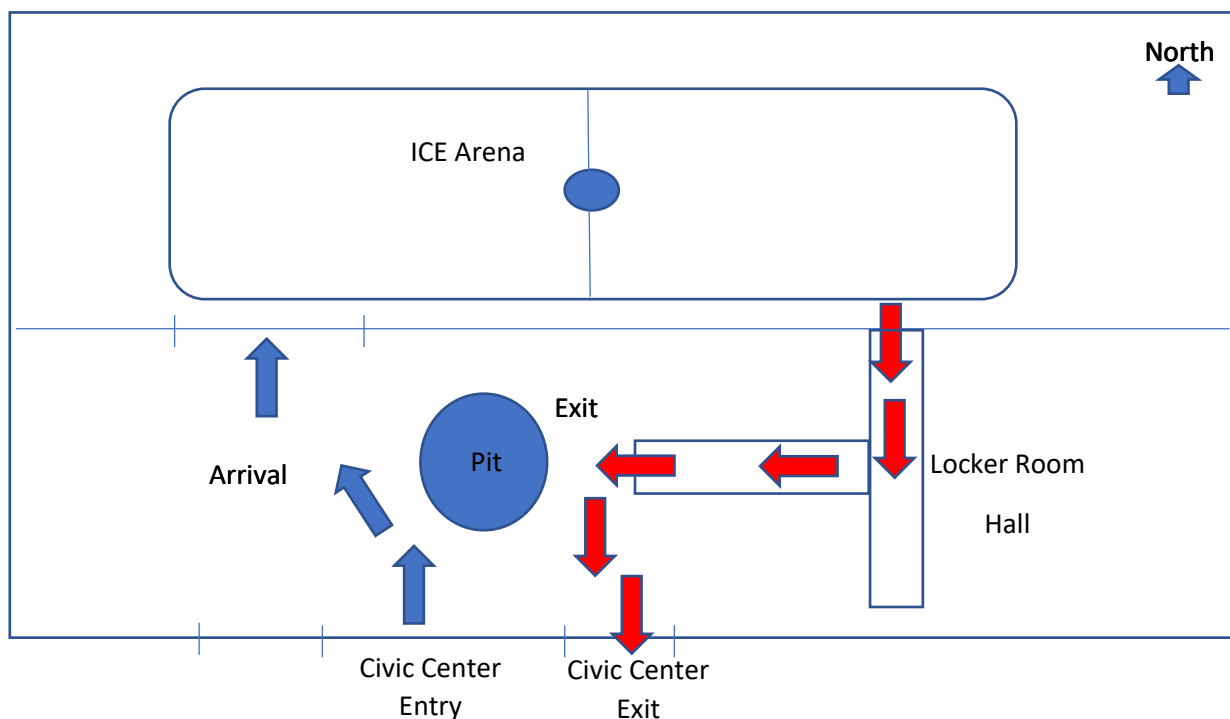


## DYHA Parent & Player Practice Guidelines

### DYHA Current Covid-19 Guidance:

- **Waiver** - A signed Covid-19 Waiver must be on file with the DYHA Hockey Director prior to engaging in any DYHA events.
- **Health** - Players, Coaches, Managers, Board Members, and Family members should be Covid symptom-free prior to attending any DYHA events.
- **Play Allowed** – No-contact training only with maximum of 50 Coaches & Players in the ice arena during any training session
- **Social Distancing** - Practice physical distancing on ice and in lobby viewing areas – 6-feet distance
- **Masks** –
  - Board, Managers, and families – Wear face masks when in Civic Center lobby
  - Coaches – Wear masks when in Civic Center lobby and when engaging players for coaching or when within 6-feet of players.
  - **Players** – Wear masks when in lobby or locker room area until helmet is put on in order to take the ice. On ice – helmet should remain on.
- **Water Bottles** – Players should bring their own labelled water bottle and not share bottles. (No spitting is allowed.)
- **Dressing Players** - DYHA players arrive dressed for practice, put on skates in lobby while social distancing
- **Dressing Goalies** - DYHA Goalies will dress in designated lobby area
- **Arrival / Departure** - Arrive 15-minutes before practice and promptly depart within 15-minutes after practice completion
- **Lobby Area:** West side of lobby is for arriving players and parents to put on skates; East side of lobby is for departing players to take off skates.
- **Admittance Arena** - No non-players or parents in ice arena. Coaches record team members present for each practice.
- **Viewing Practice** - Parents may observe practice from East side of lobby or 2<sup>nd</sup> floor of lobby area. Note: No more than 50-people may be in attendance in the lobby area during practice. Masks shall be worn and social distancing should be practiced. No more than 1-parent or guardian should stay to view a practice.

### Civic Center Lobby / Ice Flow for Player Arrival & Departure:





## DYHA Covid-19 Waiver:

### RELEASE AND WAIVER OF LIABILITY RELATING TO COVID-19

Participant Name: \_\_\_\_\_ Participant Age: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

IN CONSIDERATION for being permitted to utilize the services, facilities and programs of The Decatur Youth Hockey Association (DYHA) and its member teams (hereinafter referred to as DYHA) and/or for my children listed above to participate, including, but not limited to, observation or use of facilities or equipment, or participation in or acting as a spectator during any program affiliated with DYHA, the undersigned, on behalf of himself or herself and such participating children and any personal representatives, heirs, and next of kin (hereinafter referred to as "the undersigned") hereby acknowledges that COVID-19 infections have been confirmed throughout the United States, including cases in Illinois and Missouri. In accordance with the most recent guidance issued by the World Health Organization (WHO), the Centers for Disease Control and Prevention (CDC), and the Illinois Department of Health for slowing the transmission of COVID-19, the undersigned hereby agrees, represents, and warrants that neither the undersigned nor such participating children shall participate in, visit or utilize the facilities, services, and/or programs of DYHA if he or she (i) experiences symptoms of COVID-19, including, without limitation, fever, cough, loss of sense of taste or smell, or shortness of breath, (ii) has a suspected or diagnosed/confirmed case of COVID-19, or (iii) has exposure to any person who has a suspected or diagnosed/confirmed case of COVID-19.

As part of the agreement between the undersigned and his or her child, and, DYHA, for the undersigned's children to be allowed to participate in the DYHA program, and for the safety of the other parents, spectators, players and coaches, the undersigned agrees to notify the DYHA immediately if he or she has knowledge that a member of their household has Covid-19 symptoms, has been exposed directly to a person with Covid-19, or has been diagnosed with Covid-19. The undersign also agrees that DYHA may share this information if it is necessary to protect other members, their children, coaches or spectators. The undersigned acknowledges that DYHA has taken certain steps to implement protocols for slowing the transmission of COVID-19, and that DYHA may revise its procedures at any time based on updated recommended guidance issued by public health agencies. The undersigned agrees to comply with the DYHA revised procedures prior to utilizing the facilities, services, and/or programs of DYHA, and further acknowledges and agrees that, due to the nature of the facilities, services, and programs offered by DYHA, social distancing of 6 feet per person among children and their fellow participants or others is not always possible. The undersigned fully understands and appreciates both the known and potential dangers of participating in the programs and/or utilizing the facilities and services of DYHA and acknowledges that despite DYHA reasonable efforts to mitigate such dangers, exposure to COVID-19 may occur, which could result in quarantine requirements, serious illness, disability, and/or death.

In further consideration of being permitted to participate in DYHA's programs, THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE DYHA or any of their respective member teams, coaches, officials, directors, officers, employees, volunteers and agents, or any of the



fellow participants or their family members or guests from all liability, loss, damage, claim or demands related to any injury, illness or death of the undersigned, his/her minor children as a result of contracting Covid-19 directly or indirectly, whether caused by the negligence of DYHA, other participants and their parents, participating in games in other cities whose Covid-19 rules may be less restrictive and therefore less protective, or otherwise while the undersigned or such participating children are on the premises or using the facilities or equipment or participating in any program affiliated with DYHA including other facilities of teams against whom the DYHA competes . Nothing in this agreement should be construed as releasing, discharging or waiving any claims the undersigned may have for conduct that constitutes greater than ordinary negligence.

. THE UNDERSIGNED further expressly agrees that this agreement is permitted by the laws of Illinois and that if any portion is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

. IF SIGNING ON BEHALF OF MINORS: This is to certify that I understand that this agreement is made on behalf of my minor child(ren) and/or legal ward(s) and I represent and warrant to DYHA that I have full authority to sign this agreement on behalf of such minor(s).

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Note: if a player has two parents who are married both parents must sign this document. If the parents are not married and the parents have joint legal custody then both must sign. If the parents are not married and only one parent has legal custody then only the custodial parent is required to sign this document.

EMERGENCY CONTACT NAME: \_\_\_\_\_

EMERGENCY CONTACT NUMBER: \_\_\_\_\_