



Lawrence Lacrosse COVID Health & Safety Plan

Lawrence Lacrosse Fall 2020 Season

Season Details

Lawrence Lacrosse will be running practice/games at Village Park on Saturdays from September 12th, 2020 until October 31st, 2020. Below is the following schedule for the teams

Field 1:

3:30 – 4:30 Boys 1/2 and 3/4

4:30 – 6:00 Boys 5/6

6:00 – 7:30 Boys 7/8

7:30 – 9:00 Boys 9

Field 2:

4:00 – 5:00 Little Laxers (Pre-K to 2nd Grade)

5:00 – 6:30 All Girls Teams (1st through 9th)

Communication to be sent to Parents each week

What you need to know

- Stay home if sick.
- Players should bring their own equipment, no sharing of equipment is allowed.
- Reduce physical closeness and keep 6 feet of space between players when possible.
- Wear a mask when coming to and from the field but not during practice or games.
- Players should clean their hands before and after practices/games
- Tell a coach or staff member if you don't feel well.
- Coaches will be wearing masks
- Spectators must maintain 6ft social distancing and be on opposite side of the field from the players and coaches side
- Complete attached COVID questionnaire which will be required for every practice from every player and coach

Field Setup

1. Cones will be setup 6 ft apart for players to put their bags and suit up for practice
2. Table will be setup to receive and check forms from players.
3. Temperature scanners will be available to take temperatures.
4. Hand sanitizer station will be setup at the sign in table
5. Signs will be placed to remind spectators to wear masks and maintain 6ft social distancing.
6. Practices/Games will end 15 minutes early to allow players to leave the field before the next team enters.

Maintaining Records

Forms from players and coaches will be maintained the Lawrence Lacrosse Club for a period of 3 months following the season and will be made available to COVID trackers if needed.

Lawrence Lacrosse COVID Waiver/Questionnaire

Lawrence Lacrosse COVID-19 RELEASE AND WAIVER OF LIABILITY:

The undersigned acknowledges the contagious nature of the Coronavirus/COVID-19 and that public health authorities have recommended abiding by certain precautions, including social distancing. The undersigned further acknowledges that Lawrence Lacrosse has put in place preventative measures to reduce the exposure to and spread of the Coronavirus/COVID-19 through the adoption of the Lawrence Lacrosse COVID Health & Safety Plan.

By executing this instrument, the undersigned acknowledges that he/she has read the Lawrence Lacrosse COVID Health & Safety Plan and agrees to abide by the provisions of the plan and consents to the use and disclosure of medical testing and information obtained as required in the plan.

The Lawrence Lacrosse Club cannot guarantee that the student athletes, coaches, and staff members will not become infected with the Coronavirus/COVID-19 and the undersigned understands that the risk of exposure to or infection from the Coronavirus/COVID-19 may occur despite the precautions taken pursuant to the plan. For these reasons, the undersigned, as a condition of participation in Lawrence Lacrosse programs, hereby releases and agrees to hold harmless Lawrence Lacrosse and its officers, members and staff from, and hereby waives, any and all causes of action, claims, damages, costs, and expenses arising from Coronavirus/COVID-19 exposure or infection in connection with participation in Lawrence Lacrosse programs.

Parent: please sign your name here and date. _____

This constitutes a legally binding signature in observance of the terms and conditions laid out in this form

Lawrence Lacrosse COVID-19 Questionnaire:

Have you traveled outside of the United States or to a N.J.'s COVID-19 quarantine travel advisory State within the past 14 days?

Have had you or anyone in your household been diagnosed with COVID-19 within the last 14 days?

Or have you been in close proximity to anyone who has tested positive for COVID-19 within the last 14 days?

Yes _____ No _____

ANY of the following symptoms within the past 48 hours:

- | | | |
|---------------------------------|--|------------------------|
| - Fever | - Cough or sore throat | - Shortness of breath |
| - Loss of taste or smell | - Chills | - Head or muscle aches |
| - Nausea, diarrhea, or vomiting | - Pink eye | - Difficulty Breathing |
| - Unusually Weak/Fatigued | - Muscle Aches or Pain or Repeated Shaking/Shivering | |
| - Runny/Congested Nose | - Diarrhea | |

Yes _____ No _____

Please attest that you have taken your temperature today and your temperature is below 100.4°F

I hereby certify that the responses provided above are true and accurate to the best of my knowledge, as of today.

Furthermore, by submitting this form, I consent to allowing the Team Turnpike/Garden State Elite Health and Safety Committee to evaluate the information I have entered into this form.

Please record today's date: _____

Parent: please sign your name here: _____