

GCYHA

COVID-19 Protocol for visiting teams

These guidelines are meant to help maintain as safe an environment as possible during the season. Coaches, players (participants) and parents/guardians must review and adhere to guidelines in this protocol. Anyone violating these guidelines will be asked to leave the rink. All players, coaches and parent/guardians must comply with applicable federal, state, local and Dorothy Hamill Rink guidelines with regard to COVID-19, as designed to promote safe play.

- Any player, coach or parent/guardian who has either tested positive for or knowingly has been exposed to anyone who has tested positive for COVID-19 in the past 14 days **must not come** to the rink or game
- Any player, coach or parent/guardian who is exhibiting symptoms of COVID-19, including but not limited to a cough, shortness of breath or difficulty breathing, loss of taste or smell, headache, **fever of 100 degrees or higher**, chills, muscle or body aches and/or sore throat **must not come** to the rink or game. Anyone showing signs of illness will be asked to immediately leave the game and rink. **Temperature of less than 100 degrees must be without fever reducing medication.**
- Any player, coach or parent/guardian who has traveled to a state/country on the CT TRAVEL Ban must quarantine for 14 days after return and **must not come** games or rink.
<https://portal.ct.gov/Coronavirus/travel>
- Parents/Guardians are required to check the temperature and for symptoms of any player/participant **prior to arrival** at the rink for any game. **Daily symptom checklist must be completed by visiting players, coaches, and parent/guardian. A waiver from must also be submitted for each player.**
- **FACEMASKS MUST** be worn by all players, coaches and parents/guardians while in the building in accordance with the Governor's Executive Order. Players may remove facemasks to put their helmets on prior to taking the ice, but must put them back on after removing their helmet
- Entry to the rink will be made through the front doors. A coach or GCYHA designee will meet teams at the door. **Building will remain locked.** Only registered program participants will be admitted to the building by the GCYHA designee **no more than ten minutes prior to the start of each game.** Any late participant will have to call the Skating Rink office (203) 531-8560 to be admitted to the building.
- **ONLY ONE PARENT** is allowed at any time during games as per Dorothy Hamill Rink Rules. They **must check in and wear a facemask at all times**, and **exit the rink with their player immediately after game.** IF you exit the rink for any reason you will not be authorized to reenter. **NO ADDITIONAL SPECTATORS ARE PERMITTED.** This will be strictly enforced.
- **Locker room use is prohibited. Players, must come to the rink fully dressed.** Skates, helmets and gloves can be put on in the designated area
- Players and parent/guardian are requested to leave the rink promptly after leaving the ice.



Player & Coach COVID-19 Daily Symptom Checklist

Player or Coach Name: _____

Date: _____ Team: _____

Parent signature if filling out for a Player _____

- 1) Is the Player or Coach exhibiting any symptoms of COVID-19, including but not limited to a cough, shortness of breath, difficulty breathing, loss of taste or smell, headache, chills, muscle/body aches and/or sore throat or been exposed to anyone with these symptoms or that is positive for COVID-19 (Circle one)

NO

YES

(If yes, you/they must not participate and must notify Physician, coach, manager, GCYHAhealth@gmail.com
and be cleared by Physician to return.)

- 2) Is the Player or Coach temperature 100 degrees F or higher? (circle one)

NO

YES

(If yes, you/they must not participate and must notify Physician, coach, manager, GCYHAhealth@gmail.com
and be cleared by Physician to return.)

***I have not given or taken any fever reducing medication to achieve a temperature of 100 degrees F or lower (Initial here) _____*

- 3) In the past 14 days has the Player or Coach traveled outside of the CT/NY/NJ area or to a CT. travel advisory state? (circle one)

NO

YES

(If yes, you/they must not participate until total of 14 days has passed and must notify coach, manager and GCYHAhealth@gmail.com)

Greenwich Cardinals Youth Hockey Association, Inc.

**Acknowledgment, Assumption of Risk, Waiver of Liability and Indemnity Agreement
Relating to Novel Coronavirus / COVID-19**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to be transmitted by person-to-person contact, by contact with contaminated surfaces and by exposure to airborne particles. COVID-19 affects individuals differently — some who contract the disease do not experience any symptoms, while others become seriously ill and do not survive. There is currently no known cure or vaccine for COVID-19. As a result, U.S. federal, state, and local governments and U.S. federal and state health agencies recommend preventative measures such as mask-wearing and social distancing and have, in many locations, prohibited certain congregations of groups of people.

Greenwich Cardinals Youth Hockey Association, Inc. ("**GCYHA**") schedules ice time with, and participates in ice hockey activities hosted by, ice rink facilities that are expected to employ, or to require the adoption by participating organizations of, preventative measures designed to reduce the risk of exposure to COVID-19. However, GCYHA cannot prevent you, the parent/guardian of the minor player participant identified below ("**Participant**"), Participant or any other person from being exposed to, contracting or spreading COVID-19 while you or any such other person attends, or Participant participates in, ice hockey activities organized or scheduled by, or otherwise involving the participation of, GCYHA (including but not limited to ice hockey evaluations, games, practices, scrimmages and tournaments) (collectively, "**GCYHA Activities**"). Therefore, if you or any other person attends, or Participant participates in, GCYHA Activities, you, such other person and/or Participant may become exposed to COVID-19 or your, such other person's and/or Participant's risk of contracting or spreading COVID-19 may be increased.

Acknowledgment and Assumption of Risk: On behalf of myself, Participant and our respective estates, heirs, executors, administrators, personal representatives and assigns (collectively, "**Releasors**"), I hereby acknowledge that I have read and understood the foregoing statements regarding the contagious and serious nature of COVID-19 and voluntarily assume the risks, hazards and dangers of being exposed to, contracting and/or spreading COVID-19 as a result of or arising out of Participant's participation in GCYHA Activities and the responsibility for any damage, loss, cost, expense, personal injury, illness, disability or death (collectively, "**Damages**") incurred or suffered as a result of or arising out of such risks, dangers and hazards, or Participant's own negligence.

Waiver of Liability: On behalf of myself, Participant and the other Releasors, I hereby waive and release any and all claims, demands, actions, causes of action and liabilities (collectively, "**Claims**") that Participant and/or the other Releasors may have against GCYHA, its officers, directors, staff, coaches, agents and representatives (collectively, the "**GCYHA Parties**"), and covenant not to sue any of the GCYHA Parties, for any and all Damages that Participant and/or any of the other Releasors may incur or suffer as a result of or arising out of Participant's participation in GCYHA Activities due to being exposed to, contracting or spreading COVID-19 or the negligence of GCYHA player participants (including without limitation Participant) and others (including without limitation the GCYHA Parties).

Indemnity and Hold Harmless Agreement: On behalf of myself, Participant and the other Releasors, I hereby agree to indemnify and hold harmless each of the GCYHA Parties from and against all Claims for any and all Damages as a result of or arising out of Participant's participation in GCYHA Activities due to being exposed to, contracting or spreading COVID-19 or the negligence of GCYHA player participants (including without limitation Participant) or others (including without limitation the GCYHA Parties). It is understood and agreed that the indemnity provided for hereby includes without limitation any Claim that may be brought by any member of Participant's family (including without limitation Participant's grandparents, guardians, parents and siblings) or by any third party.

On behalf of myself, Participant and the other Releasors, I hereby further agree that this agreement shall be governed by the laws of the State of Connecticut (without giving effect to conflicts of laws principles thereof that may result in the application of the laws of another jurisdiction), and if any provision or portion of this agreement shall be

determined by a court to be invalid or unenforceable, the remainder of this agreement shall remain valid and enforceable to the fullest extent permitted by applicable law.

Print Name of Player Participant

Specify Age of Player Participant

Print Name of Parent / Legal Guardian 1

Signature of Parent / Legal Guardian 1

Print Name of Parent / Legal Guardian 2

Signature of Parent / Legal Guardian 2

Date