



Parent and Students Participation Agreement

Doing my part to keep everyone safe.

I want to do my part to keep my child(ren), her teammates, the coaches, other families, and everyone else at the gym as safe as possible under the Covid-19 pandemic.

I understand and agree that:

___ Athlete will be dropped off and picked up at the assigned gym door.

___ Athlete will not exit the car or facility until his/her parent is the first car in line and the athlete is instructed to do so by Gravity Gymnastics staff.

___ Only one parent or non-participating individual per athlete will be allowed to enter the building at the main entrance if necessary.

___ As a parent I am required to wear a mask when I enter Gravity Gymnastics premises.

___ As an athlete I am always required to wear my face mask.

___ Athletes are required to wear face mask during exercising unless exemption is requested by student's pediatrician.

___ My athlete and I will support physical distancing standards of 6 feet while at the gym.

___ Practice start and end times will be staggered to insure time for the athletes to get in and out of the gym safely, to provide time to wipe down the equipment between each practice, and for teachers to thoroughly wash their hands.

___ My child will have regular opportunities to use the hand sanitizing stations available in all areas of the facility.

___ My child will use the restroom and wash his/her hands thoroughly before leaving home and while at the gym as needed.

___ My child will bring his/her clearly marked personal items as per program specifications.

Personal items will not be shared between students

____ I understand that garage doors and windows will be lifted frequently during the day to improve ventilation of the building.

____ I agree to keep my child home if he/she or anyone in my family is coughing, has a temperature of or over 100, or other Covid-19 symptoms.

____ I understand and agree that these procedures will change and evolve over time and that we will follow any new standards required by the State of Florida and/or local authorities.

We understand that the coaches and everyone at the gym will make a strong effort to maintain social distancing but that there will be times when incidental contact and less than prescribed physical distancing will occur. We are aware that spotting is part of training athletes; however, we plan to limit spotting as much as possible in order to observe social distancing. I further understand that I am voluntarily allowing my child to participate in programs and activities offered by Gravity Gymnastics, knowing that it is impossible to keep him/her, myself, or anyone else who enters the gym completely safe from exposure to the Covid-19 virus.

I have read, understood, and agree to follow the following policies and procedures.

Parent Signature: _____ Date: _____

Gymnast Signature: _____ Date: _____