



## Eden Valley-Watkins Eagles

Independent School District No. 463

Eden Valley-Watkins Athletic Department

Dave Schneider, Activities Director

298 Brook Street, Eden Valley, MN 55329

Phone: (320) 453-2900 ext. 1159 Fax (320) 453-5600

dschneider@evw.k12.mn.us

6/2/2020

Dear Parents and Athletes,

This summer the EVW coaches will again run a strength and agility program for our athletes. This program will give all athletes the chance to improve their quickness, speed, and strength. We are going to work on providing the skills and techniques that athletes will need to be most successful in their respective sports.

There will be 36 sessions throughout this summer, which include every Monday – Thursday from June 15<sup>th</sup> to August 14<sup>th</sup>. The female athletes will train from 7:30 – 8:45 a.m. on Monday's and Tuesday's, and will train from 9:00 – 10:15 a.m. on Wednesday's and Thursday's. The male athletes will train from 9:00 – 10:15 a.m. on Monday's and Tuesday's, and will train from 7:30 – 8:45 a.m. on Wednesday's and Thursday's.

It is our goal that we provide a safe and healthy environment for our student athletes, therefore we will be following guidelines provided to us by the Minnesota Dept. of Health (MDH), the Minnesota Dept. of Education (MDE) and the Minnesota State High School League (MSHSL). Some prevention strategies that we will be using to reduce the spread of COVID-19 are:

- Workouts from June 15 – July 2 will be outside at the fields to the west of the elementary school in Eden Valley. We will re-evaluate after July 2 to see if we can move some practices to our indoor facilities at the high school.
- We will limit each pod size to a maximum of 10 individuals (including the coach). These pods will not change throughout the summer.
- Athletes will sanitize their hands before each practice when they arrive (hand sanitizer will be provided).
- Athletes will have to bring their own water bottles.
- A physical distancing of at least 6 feet will be maintained by all athletes and coaches at all times.
- Bathrooms will be available only in the case of an emergency.
- Handshakes, high fives, and/or group interaction will not be allowed.
- Equipment that is cloth or foam will not be used: examples no cloth medicine balls or foam rolls.
- Equipment will not be shared during workouts.
- Any equipment that is used during the workout will be cleaned/sanitized after each person uses it.
- Coaches will wear masks at all times.
- Hand sanitizer, cleaning wipes, and disinfectant spray bottles will always be available.
- It is recommended that students do not carpool. **Athletes can NOT gather in the parking lot before or after practice.** Athletes will be asked to go from their car to their workout area and then immediately leave after the workout.

If you are committed to being a part of this great opportunity, **please fill out the attached form and return it to me by June 12** or email me to let me know that you will bring the form on the first day of workouts (dschneider@evw.k12.mn.us). We realize that many of our families are going through some tough economic times so we are lowering the fee for the program to \$50. The fee can be paid on SchoolPay via the school website or a check made payable to: ISD #463. Part of this fee will be put back into the weight room so we can continue to provide our athletes with up-to-date and quality equipment.

Thank you for your commitment towards the continued excellence of Eden Valley-Watkins athletics!

Dave Schneider

Activities Director

Eden Valley-Watkins High School



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### Eden Valley-Watkins Activities Covid 19 Release Form

Given the COVID-19 environment, **Eden Valley-Watkins School District (EVW)** is requiring all student/athletes to adhere to the following safety guidelines and provide the below information in order to reduce the risk or spread of infection.

**Parent(s) or guardians must acknowledge the following statements to participate in training or summer camps at EVW.**

*Please initial next to each statement.*

I am providing the following information on behalf of \_\_\_\_\_ (student/athlete name)

\_\_\_\_ My student/athlete has not had contact with anyone confirmed with COVID-19 in the past 14 days. At any point in the future, if I have reason to believe my student/athlete has come in to contact with someone with COVID-19, I agree to immediately notify **EVW staff**.

\_\_\_\_ My student/athlete is not currently experiencing a *fever over 100, difficulty breathing, sore throat, or cough*. At any point in the future, if my student/athlete has any of these symptoms, I will notify **EVW staff** immediately. I agree to not allow my student/athlete to participate in any **training or summer camp sessions** with these symptoms, and wait at least seven (7) days after symptoms have subsided to return to training or provide **EVW** with a COVID-19 negative test.

\_\_\_\_ My student/athlete has not had any of the following symptoms in the last 14 days: *fever greater than 100 degrees, difficulty breathing, sore throat or cough*.

If your student/athlete has any of the following underlying health conditions or your student/athlete lives with someone with these conditions, it is recommended that they do not take part in this summer program:

- Chronic heart disease
- Chronic lung disease
- Chronic kidney disease
- Moderate to severe asthma
- Obesity
- Diabetes
- Reside with a family member with high risk underlying conditions
- Other underlying conditions

I have read the information and answered the questions above to the best of my ability. I agree to continue to adhere to the above safety guidelines as long as **I and my student/athlete** participates in the **EVW training or summer camp**.

#### Assumption of Risk and Waiver of Liability Relating to 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 spread mainly from person-to-person contact. However, there remain many unknowns about COVID-19, how it spreads, and its impact on student/athletes.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending **EVW training or summer camp** sessions and activities and that such exposure or infection may result in severe illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 **at EVW training or summer camp** may result from the actions, omissions, or negligence of myself and others, including, but not limited to, **EVW** employees, contractors, volunteers, and program participants and their families.

EDEN VALLEY-WATKINS SCHOOLS

**EVW**



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I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at **EVW** or participation in **EVW training or summer camp** programming ("Claims"). On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge, and hold harmless **EVW**, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of **EVW**, its employees, contractors, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any **EVW training or summer camp**.

*Please fill out this form separately for each athlete you have participating in our training or summer camp programs.*

Athlete Name \_\_\_\_\_ Parent Name \_\_\_\_\_

Address \_\_\_\_\_

Athlete Email \_\_\_\_\_ Parent Email \_\_\_\_\_

Athlete Phone \_\_\_\_\_ Parent Phone \_\_\_\_\_

Athlete Date of Birth \_\_\_\_\_ Grade (for 2020/2021) \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_