



Killarney Secondary School

6454 Killarney Street * Vancouver, B.C. * V5S 2X7 * Phone: (604) 713-8950 * Fax: (604) 713-8949

STUDENT - ATHLETE and PARTICIPANT AGREEMENT

All participants of Killarney Athletic Programs agree to abide by the following requirements when entering facilities and/or participating in school sport activities under the COVID-19 Response Plan and Return to Sport Protocol:

1. I agree to and I am responsible for completing a health screening self-check prior to every team activity and will inform my coach immediately if I have experienced any COVID-19 symptoms in the last 14 days.
2. I agree to stay home if feeling sick or if experiencing COVID-19 symptoms.
3. I agree to wear a mask in high traffic areas such as buses and in common areas such as hallways, or anytime outside of my learning group whenever physical distancing cannot be maintained.
4. I agree to sanitize my hands upon entering and exiting the facility, with soap or sanitizer.
5. I agree to sanitize the equipment I use throughout the practice as directed by my coach.
6. I agree to practice correct respiratory etiquette at all times.
7. I agree to continue to follow social distancing protocols of staying at least 2m away from others outside of my cohort.
8. I agree to minimize physical contact with others in my cohort and follow my coaches sport specific directions in this regard.
9. I agree to follow all equipment and facilities procedures communicated by my coach.
10. I agree to not share water bottles and personal equipment with others.
11. I agree to abide by all COVID-19 procedures and guidelines indicated for my participation in classes or on my team.
12. I understand that if I do not abide by the aforementioned procedures/guidelines, that I may lose the privilege to participate on the school team.

Parent/Guardian & Student Athlete - Informed Consent & Acknowledgment of Risk

I acknowledge that there are risks associated with participating in Athletic Activities, and that the measures taken by the schools and participants, including those set out in the Vancouver Board of Education SD#39 COVID-19 Safety Plan and the Return to Sport Plan, will not entirely eliminate those risks.

Student / Participant Name: _____

Student / Participant Signature: _____

Signature of Parent or Guardian: _____

Date: (DD/MM/YYYY) _____

Please print, fill this form, and return it to your PE teacher as soon as possible.