

**WESTCHESTER COUNTY DEPARTMENT OF HEALTH  
CODE OF CONDUCT RELATING TO SCHOOL SPORTS FOR PARENTS**

**SCHOOL DISTRICT:** SCARSDALE UNION FREE SCHOOL DISTRICT **SPORT:** \_\_\_\_\_

**STUDENT ATHLETE** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

**PARENT/GUARDIAN:** \_\_\_\_\_

This Code of Conduct is intended to enable students and parents/guardians of students to acknowledge the personal responsibility involved in taking steps to protect those around student-athletes, spectators and those involved with student athletics.

Your child is being asked to complete a similar form which includes the following:

In order to reduce my risk of contracting COVID-19, I commit to reading the health risk communication and abiding by all existing guidelines both on and off the field to ensure the safety of my family, teammates, classmates, community and myself. I commit to reviewing these guidelines and understand that my School District may provide updates as additional information is available. It is my responsibility to stay apprised of these changes to protect myself and my classmates. As a Westchester County student-athlete, I pledge to:

\_\_\_ (initial) participate in daily assessments and self-assessments of COVID-19 exposure and symptoms, if necessary;

\_\_\_ (initial) follow all social distancing guidelines, including the wearing of masks or appropriate face coverings, if necessary;

\_\_\_ (initial) not participate in social gatherings, parties or other activities which are known to increase the potential spread of COVID-19, if necessary;

\_\_\_ (initial) abide by any and all County health department isolation or quarantine orders as I am directed by the school or health care providers; and

\_\_\_ (initial) not participate in school classes or athletic events or practices if I am feeling ill or if I have any of the following symptoms, until cleared to return to practice by a health care professional including but not limited to: Fatigue/feeling of tiredness; headaches; muscle pain or body aches; a temperature greater than or equal to 100.0° F (37.8° C); feel feverish/have chills, cough; nasal congestion / runny nose, loss of taste or smell; sore throat, nausea, vomiting, diarrhea, shortness of breath or trouble breathing.

As a student-athlete, I understand that I have a personal responsibility to take steps to protect those around me, working to limit the spread of COVID-19 (and its variants) and ensure a safe environment for everyone in the school community, as well as my own.

By signing below, I acknowledge that I have read, understand and will abide by this Code of Conduct Relating to School Sports. I recognize that COVID-19 (including any variant of COVID-19) is a highly contagious virus and it is possible to develop and contract a COVID-19 disease even if I follow all of the safety recommendations of the school and comply with the pledge. I further understand that even though the school is following the guidelines issued by the CDC and other experts to reduce the spread of infection, a COVID-19 free environment can never be guaranteed.

I understand that if I do not honor my pledge, I would be failing to comply with a legitimate school directive and pursuant to school and Section I policies, I therefore could be subject to the appropriate accountability measures and disciplinary actions. I also understand that I have chosen to participate in a high-risk activity during a pandemic, and have voluntarily assumed the risk of contracting COVID-19.

***By my signature below, I acknowledge the risks of my child contracting or spreading COVID-19 (including variants of COVID-19) due to their participation in a high risk sport.***

***I have read the Code of Conduct and will immediately advise the school if my student athlete has ever tested positive for COVID-19 or contracts COVID-19 (including variants of COVID-19).***

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_