

NCE Kids COVID Spot Check Waiver
(with Consent of Parent or Guardian of Minor)

This form must be completed, signed, and handed to the instructor by a parent or guardian at every individual class session. We reserve the right to refuse any child who does not meet the criteria below.

Please print clearly and legibly

Participant Name: _____ Date of Birth _____

Telephone Numbers: (Primary) _____ (Secondary) _____

Check all that apply:

- My child/ward does not have a temperature and is NOT sick
- My child/ward has no symptoms of COVID-19
- My child/ward has not been in contact with anyone who has tested positive for COVID-19
- My child/ward will wear a mask that covers their nose and mouth while participating in this program
- My child/ward will observe social distancing as directed by the instructor while participating in this program
- My child/ward will NOT share equipment

AGREEMENT AND CONSENT OF PARENT OR GUARDIAN OF MINOR

I confirm that I am the parent or guardian of the above person ("Minor"). I understand that the information I provide here will be relied upon by NCE in allowing the Minor to participate in this sports program. I give my permission for the Minor to participate in this program and all the activities to be conducted, and I agree individually and on behalf of the Minor to all of the above statements.

Please Print Name of Child/Ward

Date

Signature of Parent or Guardian

Print Name of Parent or Guardian