

TRINITY MARTIAL ARTS
COVID-19
ACKNOWLEDGMENT AND DISCLOSURE
STUDENT / FAMILY

This is required to be signed by BOTH parents.

Please read and initial each statement below.

1. I understand that during this COVID-19 Public Health Emergency I will NOT be permitted to enter the facility beyond the designated drop-off and pick-up area. I understand that this procedure change is for the safety of all persons present in the facility and to limit to the extent possible everyone's risk of exposure. I understand that as an alternative I can login to access a zoom live stream during this time.

2. I understand that IF there is an emergency requiring me to enter the facility beyond the designated drop-off and pick-up area, I MUST sanitize my hands before entering, remove my shoes and wear a mask. While in the facility I must practice social distancing and remain 6ft from all other people, except for my own child.

3. I understand that to enter the dojo premises my child must be free from COVID-19 symptoms. If, during the day, any of the following symptoms appear my child will be separated from the rest of the people in the dojo. I will be contacted, and my child MUST be picked up from the dojo within 15 minutes.

Symptoms include,

- fever of 100 degrees Fahrenheit or higher
- dry cough
- Shortness of Breath
- Chills
- Loss of taste or smell
- Sore Throat
- Muscle aches

While many of these symptoms might be non-COVID-19 symptoms we are proceeding with by assuming they are Covid-19 during this Public Health Emergency. These symptoms typically appear 2-7 days after being infected so please take them seriously. You will need to be symptom free for 72 hours before returning to the facility.

4. I understand that my child must always wear a mask while in the dojo and on dojo premises.

5. I understand that students will be required to bring their own hand sanitizer and use it according to CDC recommended handwashing procedures every time they touch a surface in the dojo.
6. Each student MUST remove their shoes at the entrance of the facility. Students will put on a CLEAN, UNWORN pair of SOCKS before entering the dojo. Those shoes will be put into a “dirty bag” and placed inside their personal gear bag.
7. I will wash the complete uniform, socks and face mask before class and store safely in an uncontaminated bag.
8. I understand that outside of martial arts, all students will comply with all state, county or local stay-at-home orders, and all contact with persons living outside our household will follow all state, county or local stay-at-home orders. Students will not go out to stores unless it is absolutely necessary and then only to shop for essential items like food, medicines and toiletries and will follow any recommendations from the CDC that limits student’s risk for exposure including wearing a mask in all public areas and remaining 6ft from all other people.
9. I will immediately notify Trinity Martial Arts management if I become aware of any person with whom my child or I have had contact exhibits any of the symptoms listed in Number 1 above, is advised to self-isolate, quarantine, or has tested positive, or is presumed positive for COVID-19. Further, I will immediately notify Trinity Martial Arts management if anyone from my place of employment is presumed positive or tests positive for COVID-19 whether or not I have had direct contact with that person.
10. I understand that Students entering our dojo will be in contact with children, families and employees who are also at risk of community exposure. I understand that no list of restrictions, guidelines or practices will remove 100% of the risk of exposure to COVID-19 as the virus can be transmitted by persons who are asymptomatic and before some people show signs of infection. I understand that I play a crucial role in keeping everyone in the facility safe and reducing the risk of exposure by following the practices outlined herein.

I, _____ certify that I have read, understand, and agree to comply with the provisions listed herein. I acknowledge that failure to act in accordance with the provisions listed herein, or with any other policy or procedure outlined by [dojo NAME]

will result in disciplinary action up to and including termination. I acknowledge that my employment will be terminated if it is determined that my actions, or lack of action unnecessarily exposes another employee, child, or their family member to COVID-19.

Child's Name:

DOB:

Parent's Name:

Parent Signature

Date

Parent's Name:

Parent Signature

Date

Management Team Witness

Date