
THE OUTING CLUB

Woodward Park • OCIC Gym • Knights Hill Nature Park

COVID Fall Sports Modification Document

Thank you for all of your effort in making fall sports a reality at the Outing Club this season. We are always grateful for our volunteer coaches, but are especially grateful this year given the unprecedented circumstances. Due to COVID19 there will be additional requirements of the coaches, parents, and athletes to assure the safety of all involved. We have done our best to anticipate the needs of this season, however we know that we will all have to move through this season with patience and flexibility.

The Outing Club is trying to provide the similar standard of care as seen in our community. The Town of New London recently adopted a mask requirement and the school district has mask guidelines in place when people are not able to social distance (min 6 feet apart). Following CDC guidelines of age 2+ wearing masks, we will enforce this on the fields for coaches, athletes, and parents. Please reach out to Drew Drummond (soccer), Chelsea Williams (field hockey), or Pete Smith (Board President) with any questions.

Screening

- Coaches will use the attached form to screen players at each practice/game
- If a player answers “yes” to any of the screening questions, they will be sent home
- Players must be asymptomatic for 14 days before returning to play or test negative
- If a player travels out of New England they may not return to play for 14 days, symptom free or provide a negative test

Play

Please enforce the following:

- Players must wear masks at all times
- Players must sanitize hands prior to getting on the field
- Players can only touch the balls with their feet/sticks, and avoid touching the balls with their hands
 - In soccer a throw in will be a free kick from the sideline and there will be no heading allowed
 - Coaches will be responsible for putting balls in bags/buckets at the end of practices
- Players shall social distance when possible on the field and bench area.
- Players stay 6ft apart while in drill lines.
 - In field hockey, coaches will ask players to hold up their sticks and make sure there isn't anyone within a stick length of them.
- Bags and equipment in and around the bench will be stored 6 feet apart from each other.

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- Limit physical contact between players as well as coaches.
 - We ask that coaches use descriptive or demonstrative coaching techniques only.
 - Rather than giving high fives, we ask that teams determine an alternative, contact free way to interact.

Parent/Guardian/Spectator Protocols

- Face coverings must be worn at all times while around other spectators, volunteers, and athletes
- Spectators should stay in the 'spectator zone' during games

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Participant Name:

Group: Soccer | Field Hockey ___K ___ 1/2 ___ 3/4 ___ 5/6

1. Do you have any of the following symptoms?

A. Fever of 100.4 degrees or higher (as measured by a touchless Thermometer if available, but a verbal confirmation of lack of fever is sufficient if a touchless thermometer is not available)? ___ Yes ___ No

B. Cough (excluding chronic cough due to a known medical reason other than COVID-19)? ___ Yes ___ No

C. Shortness of breath? ___ Yes ___ No

D. Sore Throat? ___ Yes ___ No

E. Diarrhea (excluding diarrhea due to a known medical reason other than COVID-19)? ___ Yes ___ No

F. Have a loss of, or change to, sense of taste or smell? ___ Yes ___ No

2. Have you had or have you been notified that you have had close contact with a person that has been diagnosed with COVID-19 through a positive test result? ___ Yes ___ No

If you answered yes to the above and the close contact was within 14 days of today, proof of a negative test must be submitted with this sheet.

3. Have you traveled out of New England within the last 14 days? ___ Yes ___ No

If you answer yes to the above you must quarantine for 14 days (from your return date) until you are eligible to participate in Outing Club activities or provide proof of a negative test.

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COVID19 Waiver

Participants registered for 2020 Fall Sports Programs are required to complete the COVID-19 waiver/release below.

Please include the primary email address and phone number where the parent/guardian can be reached while training is in progress.

Participant Name:

Parent/Guardian Name:

Email Address:

Phone Number (Where you can be reached during activity hours):

Group: Soccer __K __1/2 __3/4 __5/6 Field Hockey __1/2 __3/4 __5/6

WAIVER/RELEASE/ASSUMPTION OF RISK FOR COMMUNICABLE DISEASES INCLUDING COVID-19

In consideration of being allowed to participate in programs, related events, or activities offered by The Outing Club ("The OC"), including the right to enter The OC's premises, or access its fields, the undersigned acknowledges, appreciates, understands, and agrees that:

1. Participation includes possible exposure to, and illness from, infectious diseases including but not limited to MRSA, influenza, and COVID-19 (collectively "Infectious Diseases"). While rules and personal discipline may reduce this risk, the risk of serious illness and death does exist;
2. The OC cannot prevent you or your child(ren) from becoming exposed to, contracting, or spreading Infectious Diseases while participating in The OC's programs or accessing its premises or fields. It is not possible to prevent against the presence of Infectious Diseases. Therefore, if you choose to utilize services or enter onto The OC's premises or fields, you may be exposing yourself to Infectious Diseases and or increasing your risk of contracting

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or spreading Infectious Diseases;

3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against Infectious Diseases. If, however, I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation, and bring such to the attention of the nearest OC official immediately;

4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, HOLD HARMLESS, AND AGREE TO INDEMNIFY The OC, their officers, directors, officials, agents, employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the programs ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law;

5. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS PERTAINING TO INFECTIOUS DISEASES, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others and assume full responsibility for my participation; and

6. I certify if at any time following the execution of this release, myself or my child(ren) (1) experience any symptoms of COVID-19, (2) have come in contact with any individual who tested positive for COVID-19, (3) have tested positive for COVID-19, or (4) have traveled outside New England within the last 14 days, that I and or my child(ren) will abstain from participating in all The OC activities and will not under any circumstance travel to the premises for at least Fourteen (14) days. Furthermore, I certify that if myself or my child(ren) have been diagnosed with COVID-19 that I will not return to the premises until after Fourteen (14) days have elapsed from diagnosis and myself or my child(ren) have tested negative for COVID-19.

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

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Printed Name of Parent/Guardian

Signature & Date

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