



Friends of the Mel Stillman Community Tennis Center
CHAD Tennis 2020



COVID 19 AGREEMENT – LITTLE WONDERS

Children **may not** participate if they have any one symptom of COVID-19:

| | | | | |
|----------------------------|---------------------|--|---|--------------------|
| New Loss of taste or smell | Shortness of Breath | Congestion or runny nose | Muscle or body aches | Nausea or vomiting |
| Fever or Chills | Sore throat | Fatigue | Headache | Diarrhea |
| Cough | Respiratory Issues | In contact with COVID-19 within last 14 days | Traveled outside of Massachusetts within last 14 days | |

- Before the Clinic begins, each day, the adult accompanying the child will be asked to self-certify that the child and members of their household are free from all COVID-19 symptoms. If any of these symptoms are detected in a child, the child will be asked to leave the clinic and quarantine for 14 days before returning.
- All children must bring a face mask. The children are not required to wear a face mask as long as they stay 6' away from the other children. If we see a child is unable to keep 6' away, we will request the child wear a face mask.
- Children must bring **their own water bottles and their own tennis racquets**. Please do not have the children bring anything else but their racquets and water bottles and please label everything with their names.
- We will provide hand sanitizer and towelettes at the courts, but please make sure your child washes their hands when returning home.
- **The bathrooms will not be open.** Please make sure your child uses the bathroom before coming to the clinic.
- **Children may not be “dropped off” at the clinic.** Each child must have a parent/relative/older sibling/nanny/babysitter at the courts the entire time of the clinic. Please try to limit this to one person. This person must remain outside of the fence.

I understand the above requirements are necessary for the operation of outdoor recreation tennis instruction during the COVID-19 pandemic and agree to follow them. I further agree to notify Friends of the MSCTC if my child or anyone in my household tests positive for COVID-19 while my child is participating in the tennis clinics.

Signature of Parent or Guardian: _____ Date: _____