

LONG ISLAND FUTSAL LEAGUE (LIFL)

SAFETY PLAN FOR THE UTILIZATION OF THE INDOOR GYMNASIUMS OF THE CONNETQUOT SCHOOL DISTRICT

The Long Island Futsal League's Health and Safety Plan will be following the described below safety plan so to be in compliance with the Connetquot School District's Operation Plan for the 2021-2022 school year; specifically COVID – 19 Risk Minimization Strategies. *(Items in italic are specific LIFL measures)*

Risk Management Strategies will be provided to all league spectators, teams, team managers, coaches; parents/players, and officials/referees, and Long Island Futsal League staff – all participants other than spectators (18 and older or a parent/guardian) will also be required to digitally sign off on a medical waiver agreement and additional approvals to be able to participate in the league. (See figure 2)

CRITERIA

- **Social Distancing** – all participants will be advised to practice social distancing of three feet wherever possible.
- **Personal Protective Equipment** – All participants (including players while playing) must wear facemasks at all times. Referees will be required to use an electronic whistle. Those who are not wearing PPE will be asked to leave the facility. *If an individual refuses to wear a mask when asked, the game(s) will be stopped (time will not be made up), school security and a Long Island Futsal League Officer will be notified.*
- **Water** – participants can bring clearly labeled water bottles with them for their match and not share with any other individual. *All water bottles and any other team articles are to be removed from the sidelines after the match by the respective teams. Referees and Long Island Site Monitors are to ensure compliance.*
- **Site Safety Monitor** - *The Long Island Futsal League will hire site monitors for each gymnasium to ensure compliance with this safety plan and to immediately report any problems (also maintain a log of activities) to the appropriate individual (i.e. referee, school and LIFL official). The Site Monitors and/or the referees will check the rosters of each prior to every game to ensure that all players are registered and their parents have signed off on the medical liability waiver (see figure 1). All staff of the Long Island Futsal League (Referees and Site Monitors will be required to be fully vaccinated against COVID-19 or present a weekly negative COVID test result prior to the upcoming matches.*
- **No Handshakes/Celebrations** – *the referees will ensure compliance that teams do participate in post game handshakes and celebrations during and after matches.*
- **Spectators** – *will be limited to two adults per participating player. Children who are not participating players will not be allowed in the building. Senior citizens or others with compromised immune systems will be advised not to attend the league games. All participants will be advised not to enter the school facility if they are exhibiting any signs of illness such as sneezing coughing, shortness of breath, fatigue, muscle body ache, headache, new loss of smell or taste, sore throat, congestion or runny nose, have fever, nausea, vomiting, chills, diarrhea or just generally do not feel well. All participants must stay home if they are feeling sick or experiencing any COVID-19 symptoms or fever of 100.4 or higher. Participants who have a fever of 100.4 or higher must be cleared by a physician and program director before re-entering activity. Parents and guardians will be advised that if there is known exposure to their family, to keep your child at home for two weeks and let the program director of the Long Island Futsal League know.*

- **Separate one-way entry and exit gates** - The LIFL will create separate one-way entrances and exit for the teams and spectators for each gym. The Site Safety Monitors will direct the flow of the teams and spectators before and after matches.
- **Contact Tracing** - LIFL will notify the school district and the state and local Department of Health immediately upon becoming aware of any positive COVID-19 test result of any participants of the program.
- **Training** - All staff of Long Island Futsal will receive risk minimization training and sign off on the medical waiver. All staff will be strongly recommended to be fully vaccinated against COVID-19 or present a weekly negative COVID test result prior to the upcoming matches.

Figure 1 - green check mark means complete and player is eligible to play

Players Make Payment Refresh Manage					
ID	Name	DOB	#	WAIV	PAID
1359716	[REDACTED]	1/5/2008	5		
1359717	[REDACTED]	1/3/2008	3		
1359718	[REDACTED]	4/28/2008	28		
527378	[REDACTED]	9/12/2007	7		
1360088	[REDACTED]	7/8/2007	30		
1359710	[REDACTED]	3/13/2008	13		
1359711	[REDACTED]	9/18/2009	18		
1359758	[REDACTED]	5/8/2007	1		
527385	[REDACTED]	3/3/2008	21		
527387	[REDACTED]	8/29/2007	8		
527390	[REDACTED]	4/10/2007	4		
1359713	[REDACTED]	6/10/2008	10		

Figure 2 – sample of medical waiver coaches and parents/guardians are required to sign

MEDICAL WAIVER and APPROVALS

I, the Parent/Guardian, Coach or Team Manager of the above as Registrant, in consideration of accepting the Registrant for their Futsal programs and activities (collectively the “Programs”) and recognizing the risk of potentially significant physical injury occurring by participation in the Programs, including permanent disability or death, but not limited to, contraction of COVID-19 and other viruses); emotional distress; property damage; permanent disability; paralysis; or death (collectively, “Risks”).

Assumption of Risk Applicant acknowledges that the proposed use of school facilities may expose Applicant and its owners, members, officers, employees, coaches, and/or agents to certain risks including the potential risk of transmission of COVID-19, which is extremely contagious and spreads easily through person-to-person contact. Applicant acknowledges that operating or participating in the proposed use of school facilities could increase the exposure and risk of contracting COVID-19 and that such exposure or infection may result in personal injury, illness, permanent disability and death to Applicant's owners, members, officers, employees, coaches, and agents, and to others. Applicant is voluntarily operating and participating in the proposed use of school facilities with knowledge of the risks, hazards, and other dangers involved.

I understand that the Risks may be caused or contributed to by my own actions or inactions, the actions or inactions of other participants, bystanders or Long Island Futsal staff, the conditions and settings in which the Activities take place, or the alleged or actual negligence of the Releasees. I understand that the description and list of Risks in this Agreement is not complete, and that I may encounter risks not specified herein, known or unknown, in connection with the Activities. WITH A FULL UNDERSTANDING AND APPRECIATION OF THE FOREGOING, I VOLUNTARILY AGREE TO ASSUME THE FOREGOING RISKS AND ALL RESPONSIBILITY FOR ANY LOSSES, COSTS, AND DAMAGES I INCUR AS A RESULT OF, OR IN CONNECTION WITH, THE ACTIVITIES. Registrant, and myself do knowingly and freely assume all such risks, both known and unknown, and assume full responsibility for the Registrants participation in the Programs. Further, I, for myself and Registrant, and on behalf of our respective heirs, assigns, personal representatives and next of kin, do hereby release, indemnify and hold harmless LONG ISLAND FUTSAL LEAGUE, its affiliated organizations and sponsors, and each of their employees, volunteers, agents, other participants, hosts, sponsors, advertisers, and the owners of the premises upon which the Programs are held (collectively, the "Releasees"), with respect to any and all injury, disability, death, or loss or damage to person or property incident to Registrants participation in the Programs, and/or being transported to or from the same, which transportation I hereby authorize, and whether arising from the negligence of the Releasees or otherwise, to the fullest extent permitted by law. I hereby warrant and represent that the Registrant has received a physical examination by a physician and has been found physically capable of participating in the Programs with no reservations or restrictions. I, for Registrant, and myself do hereby consent to have a doctor of medicine or dentistry, a licensed nurse or emergency technician provide Registrant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY

I agree to abide by the enclosed COVID-19 risk mitigation strategies at all times while on, and using Connetquot Central School District facilities. I understand such risk mitigation strategies are subject to Change in accordance with updated local, state and Federal guidelines and avail myself to adhere to such updated guidance as it becomes available. I agree to inform the Long Island Futsal League if I become aware that my child or any other participant in the league tests positive for COVID-19.