

Massachusetts Youth Soccer
Return to Soccer Activity Review and Compliance Waiver
Adult Member

The undersigned, hereby represents, warrants and acknowledges that I have read and understood my responsibilities as a Coach/Volunteer according to the [Massachusetts Youth Soccer COVID 19 Soccer Protocols](#) prior to participating in any town program, club, or league soccer related activities. This includes, but is not limited to, individual or team practices, clinics, training, games, tournaments, meetings or classes.

I attest that the information I am providing below is true and accurate. Prior to participating in any soccer related activities I will ensure that *I have not experienced any of the following symptoms* within the last 48 hours: *(please place an X in each box to indicate you have read.)*

- Fever (over 100.4 degrees fahrenheit) Temperature will be taken before every practice/game
- Cough
- Shortness of breath, or difficulty breathing
- Chills
- Muscle aches
- Sore throat
- Loss of smell or taste, or a change in taste
- Nausea, vomiting or diarrhea
- Headache
- Fatigue

Place an X in each box below indicating you have read and acknowledged each of the following statements as being true and correct:

- The player has not been in close contact with anyone who has exhibited symptoms of COVID-19 in the last 10 days.
- The player has not had contact with anyone who has had a confirmed case of COVID-19 in the last 10 days.
- The player is not restricted from participating by a healthcare provider.
- The player has not traveled in the past 10 days or is not subject to quarantine by the Commonwealth of Massachusetts travel advisory. If so, all of the necessary

steps required by the advisory will be completed by the player prior to returning to soccer related activities.

- The player has not recently traveled to a restricted area that is under a level 2, 3 or 4 travel advisory according to the U.S. State Department.

Face Mask Exemption:

Applies only to individuals with a documented medical condition or disability that makes them unable to wear a face covering. A facial covering means a face mask or cloth facial covering that completely covers the nose and mouth. Participants for all sports must wear facial coverings on the bench or sidelines at all times and in any huddles or time-outs from active play.

- I am able to provide documentation for the medical condition or disability that applies to the exemption as stated above.

If at any time you are unable to confirm the above criteria you must be restricted from participation and should contact your healthcare provider.

I understand that any falsification or omission of the information I provided above, could result in a disqualification from participation in an Massachusetts Youth Soccer Association sanctioned soccer related activity for no less than a year.

Name _____

Member Organization _____

Signature _____

Print Name of
Signature _____

Date _____

Email address _____

By electronically signing a signature or its equivalent to this electronic document, the above signee fully understands they are consenting to the terms included within the Return to Soccer Activity Review and Compliance Waiver

