

## Dublin XC COVID-19 Youth (BKL) Athlete Protocol

Athletes must answer the following questions before *EVERY* in-person session:

- Have you had a fever or felt feverish in the last 72 hours?
- Are you experiencing any symptoms of COVID-19?
  - A fever of 100.4° F or higher
  - Respiratory symptoms such as runny nose, sore throat, cough, or shortness of breath
  - Flu-like symptoms such as muscle aches, chills, and severe fatigue
  - Changes to your sense of taste or smell
- Have you had any close contact with someone who is suspected or confirmed to have COVID-19 in the past 14 days?
- Have you traveled in the past 14 days either:
  - Internationally (outside of U.S.)
  - By cruise ship, or
  - Domestically (within the U.S.) outside of NH, VT, or ME

*If yes to any of the above, you will not be allowed to participate.*

Remember to bring to *EVERY* in-person session:

- Mask/Buff
  - All coaches and athletes should bring and wear reusable/washable cloth face coverings.
  - Masks/Bufs must be worn over the nose and mouth, when around others and not actively engaged in athletics and when physical distancing is not possible.
- Alcohol-Based Hand Sanitizer
  - Hand hygiene (use of hand sanitizer) is required:
    - Before and after going to the bathroom
    - Before and after touching the face or face covering
    - Before and after touching any shared equipment
    - Prior to leaving
- (Optional) Personal Water and Snacks
  - Have enough water for yourself; there will be *NO* sharing of water or food between athletes.

**My responsibilities as an athlete:**

- **Self-monitor for COVID-19 symptoms before each practice.**
- **Upon arrival to practice, parents/guardians/skiers maintain 6 feet distance to others while putting on skis and waiting.**
- **Coaches will not be assisting skiers into their equipment at the start of practice. Skiers who need assistance getting on their own equipment must have a parent or guardian assist.**
- **Arrive wearing a face mask/buff.**
- **Keep equipment and clothing distanced from other athletes'.**
- **No sharing of water or snacks.**
- **No unnecessary physical contact, such as high-fives, hugs, fist bumps, handshakes, etc.**
- **No entry into the yurt.**
- **Follow guidelines for hand hygiene (see above).**
- **Follow your coach's instructions for maintaining healthy and safety guidelines.**

Illness protocol:

- If you are *symptomatic*, please contact your health care provider to be tested for COVID-19.
- Anyone with suspected or confirmed COVID-19 will refrain for attending in-person practices. Persons must stay home until symptom-based criteria are met for discontinuation of isolation:
  - At least 10 days have passed since symptoms first appeared; AND
  - At least 3 days (72 hours) have passed since recovery (recovery is defined as resolution of fever, off any fever-reducing medications plus improvement in other symptoms)
- If you are *asymptomatic*, but had close contact with someone suspected or confirmed with COVID-19, or report a travel-related risk factor, you should self-quarantine for 14 days from last exposure (or return from travel).
- If you or someone with whom you have had contact is diagnosed with COVID-19, or is suspected of having COVID-19, please report that information to your DublinXC Coach as soon as possible.

*If a DXC athlete is determined to have COVID-19 symptoms, a confirmed COVID-19 case, or has had exposure to someone with a confirmed COVID-19 case, team members will be notified of this information.*

**I have read DXC's COVID-19 Youth Athlete Protocol.**

**I agree to comply with these guidelines (based on the CDC's *Considerations for Youth Sports* and NENSA BKL COVID Best Practices Guidelines). I will refrain from attending training if not safe to do so, per the guidelines. I agree that I will hold DXC harmless for any illness or injury. I am aware that no activity is free from risk, and even with these additional guidelines in place, all social interactions carry an increased risk of infection. I understand that the actions that I take directly impact the health of others and that participation in DXC programming is contingent upon compliance with these guidelines.**

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**Date**

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**Athlete's Printed Name**

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**Parent/Guardian's Printed Name**

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**Parent/Guardian's Signature**