



Date _____

Full Name _____

I have read and I understand the expectations and policy to participate as a member of Key Club. By initialing below I agree and commit to the following:

_____ Key Club Mission Statement

_____ Key Club Core Values

_____ Key Club Pledge

_____ 50 Service Hours for the school year

_____ Membership Fee
\$25.00 Checks are made payable to Coronado High School Key Club
Due September 14, 2022

_____ Membership Application Packet
Filled out and Signed
Due August 31, 2022

_____ Parent Involvement (parent initials needed)
Transportation policy
Parent volunteers
_____ I would like to volunteer
_____ I am not able to volunteer
_____ I can provide support (in kind or financial)

_____ Student Involvement (Student initials needed)
_____ I agree to follow CCSD Dress Code
_____ I agree to follow CCSD Conduct/ Behavior



CORONADO KEY CLUB APPLICATION

Please print using **BLACK** or **BLUE** ink. NO PENCIL!

Please submit this application to **YOUR CLASS REPRESENTATIVE**

KEY CLUB USE ONLY
DATE PAID: _____
AMOUNT PAID: \$ _____
ADVISOR/OFFICER INITIALS: _____

First Name		Last Name		Nickname	
Date of Birth ____ / ____ / ____		Gender Male Female		Dietary Restriction Vegetarian Vegan None	
Shirt Sizes (Unisex Sizes) S M L XL		Grade Level 9th 10th 11th 12th		Student ID	
Phone Number		School Email Address		Best Source of Contact Text Email	
Parent/Guardian Name			Parent/Guardian Phone Number		
Is your parent/guardian CCSD or Kiwanis affiliated?					

Address (Number and Street Name)		City	Zip Code
----------------------------------	--	------	----------

CLASS SCHEDULE			
PERIOD	CLASS	TEACHER	ROOM
EB			
1			
2			
3			
4			
5			
6			

DUES

- **\$25** for annual dues; includes membership to Coronado High School Key Club, California-Nevada-Hawaii District Dues, Key Club International dues, and a club shirt.
- **\$ ≈ 40** for Regional Training Conference (RTC) (OPTIONAL)
- **\$ ≈ 140** for Fall Rally South (FRS) (OPTIONAL)

More information about RTC and FRS are on the next page

I have read and agree to abide by all Coronado High School Key Club requirements listed on the information sheet. Furthermore, I understand that I may be suspended or removed from Key Club for failure to meet those requirements.

X _____
Signature of Applicant

Date

X _____
Signature of Parent/Guardian

Date

KEY CLUB PICTURE RELEASE FORM

Key Club would be taking pictures of each events during the school year. In this regard, we seek your consent for the publishing or use of photos which your child may be included.

The photos will be posted on our bulletin board, Instagram, our website, newsletters, and other social medias.

I hereby **grant and authorize** Key Club to make use of photos involving my child.

X _____
Signature of Applicant

Date

X _____
Signature of Parent/Guardian

Date

I **DO NOT** allow the use of the photos taken involving my child.

X _____
Signature of Applicant

Date

X _____
Signature of Parent/Guardian

Date

KEY CLUB QUESTIONNAIRE

1. Why do you want to join Key Club?

2. What previous volunteering experiences do you have? If none, what would you like to accomplish this year as a Key Clubber?

3. As a Key Club member, what contributions can you personally make to our club?

4. What are your best qualities?

5. Are you involved in any other activities?

CORONADO KEY CLUB RULES

MEMBERSHIP REQUIREMENT:

- The application, medical forms AND dues are to be turned in all at the same time. The dues are NON-REFUNDABLE for all members, unless you have any special circumstance.
- ALL members reapply yearly.
- You are expected to attend every meeting and stay for majority of the meeting or else attendance WILL NOT count. Class representatives will sign each members in at the beginning of the meeting.
EXCEPTION: If you are in a sport or another extracurricular activity held on the same day, you must contact your class representative about each meeting you missed.
- **CONSEQUENCES FOR NOT ATTENDING MEETINGS**
 - After **TWO** months of non-attendance, membership will be revoked. Your secretary and class representatives will be keeping track of your attendance.

HOUR REQUIREMENT:

- Every member is highly recommended to accumulate a minimum of 12 hours per quarter. You may contribute outside/personal hours, but it is recommended that most of your hours comes from our club (**6 hours**).
- In order to be inducted, a Key Club member in good standing shall serve 50 hours from the start of term (March/April) to the end of term (February/March of the following year).
- Hour sheets are YOUR responsibility. They will be given out quarterly and you must keep track of them. They must be completed and turned in online at the end of each month. A signature of who was in charge of the event. Recommended to keep a second copy for yourself

OPTIONAL KEY CLUB EVENTS

- **Region Training Conference (RTC)** is an event where all of the divisions of Region 5 (division 28 north, south, east and west) come together and go to service and learning workshops, spirit battles for their division spirit stick, make new friends and memories, and have fun!
- **Fall Rally South (FRS)** is an event where thousands of Key Club members from a multitude of regions gather at Six Flags Magic Mountain. This event is the biggest fundraiser for Key Club's main cause: Pediatric Trauma Program, which treats the leading causes of death in children 14 and under. Members will meet other Key Clubbers from different schools (from CA and NV). Members **MUST ATTEND** RTC to go to this event.

Authorization to Attend and Medical Authorization

Upon completion, this form must be held by chaperone
Do not send to the Kiwanis District Office

Authorization To Attend Event and Emergency Medical Treatment Authorization

Members attending designated Key Club activities. This form must be completed by the parent, legal guardian, loco parentis for the member.

Member _____ Chaperone (who is the designated chaperone for your child?) _____

Name _____

Name _____

Address _____

Relationship to member _____

City, State, Zip _____

Note: An adult chaperone for Key Club shall be a Kiwanis member, father, mother, grandparent, uncle, aunt, member, parent, legal guardian or person who is in loco parentis, over 21, approved by the school, and registered with and accompanying the member at the event or activity.

Sex ☐ Male ☐ Female

Birthdate _____

Emergency Information

In case of emergency, please contact: _____ Relationship to member: _____

Daytime Phone: _____

Night time phone: _____

Alternate Contact _____ Relationship to member: _____

Daytime Phone: _____

Night time phone: _____

Medical Information

Health Insurance Company: _____ Policy Number: _____

Group name on insurance coverage: _____

Telephone number or other contact information shown on insurance card: _____

Will your Key Club member be taking any prescription medication or over-the-counter drugs of any type? ☐ Yes ☐ No

If yes, please explain _____

Has he/she ever been or currently being treated for:

Nervousness? ☐ Yes ☐ No

Headaches? ☐ Yes ☐ No

Convulsion or epilepsy? ☐ Yes ☐ No

Fainting Spells? ☐ Yes ☐ No

Heart Condition? ☐ Yes ☐ No

Asthma? ☐ Yes ☐ No

High Blood Pressure? ☐ Yes ☐ No

Diabetes? ☐ Yes ☐ No

Rheumatic Fever? ☐ Yes ☐ No

Allergies to medication? ☐ Yes ☐ No

Cancer or Tumors? ☐ Yes ☐ No

List any allergies or other medical conditions of which we need to be aware _____

I am the parent or legal guardian for the above-mentioned Key Club member, and give my permission for him/her to attend the convention, conference and/or other event(s) sponsored by Key Club International or the Cal-Nev-Ha District. I also have read and understand the Code of Conduct form, and I understand that a violation of certain provisions of these rules may result in the dismissal of my Key Club member. I hereby certify that the information provided above is correct.

In the case of medical emergency, I understand that every effort will be made to contact the emergency contacts listed above. In the event those persons cannot be reached, I permit, I hereby give permission to a licensed physician or other medical provider to provide proper treatment, including but not limited to hospitalization, injection, anesthesia and/or surgery for the above named Key Club member. On behalf of myself and my ward/minor, I/we hereby RELEASE, WAIVE, AND FOREVER DISCHARGE Key Club International, Cal-Nev-Ha Kiwanis District and their officers, directors, employees, parents and subsidiaries, agents, from any and all claims, liabilities, causes of actions, damages, demands, judgments and costs whatsoever, in law or equity, including, without limitation, liability for death or bodily injuries to any person or damage to any property resulting from any (i) claims made against medical providers of emergency services under this authorization, or (ii) against Key Club International or the Cal-Nev-Ha Kiwanis District for obtaining medical emergency services for the Key Club member pursuant to this authorization.

Parent or Guardian: _____

Signed By _____

STUDENT MEDICAL PERMISSION FORM

(Please print or type.)

Student Name: _____ Date of Birth: ____/____/____ Home Phone: (____) _____
Last First MI

Address: _____ Sex: ____ Student ID: _____
Number & Street City State ZIP

Emergency Information

Parents/Guardian Name(s): _____ Work Phone: (____) _____ or (____) _____

Emergency Contact (if parents cannot be reached): _____ Phone Number: (____) _____

Physician's Name: _____ Phone Number: (____) _____

Who is responsible for medical payments? ☐ Insurance ☐ Individual

IF INSURED, Medical Insurance Company Name: _____ Phone Number: (____) _____

Insurance Company Address: _____
Number & Street City State ZIP

Name of Primary Insured: _____ Group #: _____

Note: Insurance coverage is not required for participation.

Brief Medical History

Special Health Concerns: _____

Asthma: ☐ yes ☐ no

Heart Problem: ☐ yes ☐ no

Diabetes: ☐ yes ☐ no

Allergies: ☐ yes ☐ no

Seizures: ☐ yes ☐ no

Other: _____

*(Includes pregnancy, recent surgery,
or other chronic conditions)*

Current Medications:

Medication: _____

Dosage per day: _____

Note: If your child is taking medication regularly, please bring a supply in a labeled container.

(Please Note: Prescription medication requires a current prescription label. Over-the-counter medication must be accompanied by an order from a licensed health care provider.)

Should activity be restricted? ☐ yes ☐ no If yes, please explain: _____

I, the parent or legal guardian of _____ (my child), authorize and direct the Clark County School District to obtain medical care for my child in the event such care is reasonably necessary. I understand that, if possible, I will be contacted in the event my child requires medical attention. I grant to a licensed health care provider or accredited hospital permission to perform any reasonably necessary medical and/or surgical procedures that are essential for the treatment of my child and agree to be responsible for payment for such care. I release CCSD, its employees, and agents from any damages, liability, or loss resulting from the exercise of discretion in securing in good faith medical care for my child.

Parent or Guardian Signature: _____ Date: _____

RELEASE OF LIABILITY AND ASSUMPTION OF RISK

The individuals named below are members of Key Club International (referred to as ("**Member**") (club or District)(the "**Company**"), and the individual's parent or legal guardian ("**Guardian**") and desire to participate in-person in a Kiwanis sponsored event on _____ at _____. (the "**Activity**"). As lawful consideration for being permitted by the Company to engage in the Activity, Member, on behalf of himself or herself, and Guardian, on behalf of Member and himself or herself, agree to all the terms and conditions set forth in this agreement (this "**Agreement**").

1. Member and Guardian are aware of the highly contagious nature of bacterial and viral diseases including but not limited to the 2019 novel coronavirus disease (COVID-19 (collectively, the "**Disease**") and the risk that Member and Guardian may be exposed to or contract the Disease by engaging in the Activity. Member and Guardian understand and acknowledge that such exposure or infection may result in serious illness, personal injury, permanent disability, death, or property damage. Member and Guardian acknowledge that this risk may result from or be compounded by the actions, omissions, or negligence of others, including Company volunteers or employees. Member and Guardian understand that while the Company has implemented preventative measures to reduce the spread of the Disease, the Company cannot guarantee that Member and Guardian will not become infected with the Disease or other infectious diseases while engaging in the Activity and that engaging in the Activity may increase my risk of contracting the Disease. NOTWITHSTANDING THE RISKS ASSOCIATED WITH THE DISEASE, MEMBER AND GUARDIAN ACKNOWLEDGE THAT MEMBER AND GUARDIAN ARE VOLUNTARILY CHOOSING TO ENGAGE IN THE ACTIVITY WITH KNOWLEDGE OF THE DANGER INVOLVED. MEMBER AND GUARDIAN EXPRESSLY ACKNOWLEDGE THAT MEMBER AND GUARDIAN HAVE BEEN PROVIDED AN OPPORTUNITY TO ATTEND ALL MEETINGS VIRTUALLY, AND THAT MEMBER AND GUARDIAN WILL NOT LOSE THE OPPORTUNITY TO VOTE OR VOICE MY OPINIONS IF I ATTEND THE MEETINGS VIRTUALLY. MEMBER AND GUARDIAN HEREBY AGREE TO ACCEPT AND ASSUME ALL RISKS OF PERSONAL INJURY, ILLNESS, DISABILITY, DEATH, OR PROPERTY DAMAGE RELATED TO THE DISEASE, ARISING FROM ENGAGING IN THE ACTIVITY, OR TRAVELING TO PARTICIPATE IN THE ACTIVITY WHETHER CAUSED BY THE NEGLIGENCE OF THE COMPANY OR OTHERWISE.

2. Member and Guardian hereby expressly waive and release any and all claims, now known or hereafter known, against the Company, and its officers, directors, employees, agents, affiliates, members, volunteers, successors, and assigns (collectively, "**Releasees**"), on account of injury, illness, disability, death, or property damage arising out of or attributable engaging in the Activity and being exposed to or contracting the Disease, whether arising out of the negligence of the Company or any Releasees or otherwise. Member and Guardian covenant not to make or bring any such claim against the Company or any other Releasee, and forever release and discharge the Company and all other Releasees from liability under such claims.

3. Member and Guardian are familiar with federal, state, and local laws, orders, directives, and guidelines related to the Disease, including the Centers for Disease Control and Prevention (CDC) guidance on the Disease. Member and Guardian will comply with all such orders, directives, and guidelines while engaging in the Activity, including, without limitation,

requirements related to hand sanitation, social distancing, and use of face coverings. Member and Guardian will also follow all instructions of the Company while engaging in the Activity. Member and Guardian agree not to participate in the Activity if either Member or Guardian is experiencing symptoms of the Disease, such as cough, shortness of breath, or fever, if Member or Guardian has a confirmed or suspected case of the Disease, or has come in contact in the last 14 days with a person who has been confirmed or suspected of having the Disease.

4. Member and Guardian shall defend, indemnify, and hold harmless the Company and all other Releasees against any and all losses, damages, liabilities, deficiencies, claims, actions, judgments, settlements, interest, awards, penalties, fines, costs, or expenses of whatever kind, including reasonable attorney fees, fees, and the costs of enforcing any right to indemnification under this Agreement, and the cost of pursuing any insurance providers, incurred by/awarded against the Company or any other Releasees in a final judgment, arising out of or resulting from any claim of a third party related to the Disease due to my engaging in the Activity.

5. This Agreement constitutes the sole and entire agreement of the Company, Member and Guardian with respect to the subject matter contained herein and supersedes all prior and contemporaneous understandings, agreements, representations, and warranties, both written and oral, with respect to such subject matter. If any term or provision of this Agreement is invalid, illegal, or unenforceable in any jurisdiction, such invalidity, illegality, or unenforceability shall not affect any other term or provision of this Agreement or invalidate or render unenforceable such term or provision in any other jurisdiction. This Agreement is binding on and shall inure to the benefit of the Company and me and our respective successors and assigns.

6. All matters arising out of or relating to this Agreement shall be governed by and construed in accordance with the internal laws of the State of Nevada without giving effect to any choice or conflict of law provision or rule whether of the State of Nevada or any other jurisdiction.

7. BY SIGNING, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD ALL OF THE TERMS OF THIS AGREEMENT AND THAT I, OR THE MINOR I REPRESENT AS GUARDIAN, AM VOLUNTARILY GIVING UP SUBSTANTIAL LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE THE COMPANY.

Signed: Member _____
Printed Name: _____
Date: _____

Signed: Guardian _____
Printed Name: _____
Date: _____

Athletics and Activities Consent, Waiver, and Release Agreement

This form requires the signature of the Student (regardless of age) and the Parent/Guardian.

I _____ (Parent/Guardian) and _____ (Student) understand and agree that Student will be utilizing Clark County School District ("CCSD") facilities and equipment and participating in one or more extracurricular activities, sports/events, or programs (including sports/activities approved by the Nevada Interscholastic Activities Association ("NIAA")) during the 2021-22 school year (to the extent applicable to Student, the "Program").

Parent/Guardian
and Student Initials

We further understand and agree that Student's participation in the Program is not required and is entirely voluntary.

Parent/Guardian
and Student Initials

We further understand and agree that the ongoing COVID-19/coronavirus pandemic requires CCSD students and staff to take precautions that would otherwise not be required during other school-related activities or programs. Accordingly, we agree that Student will strictly comply with all social distancing, hygiene, health, safety, and other COVID-19-related requirements or restrictions (collectively, the "Protocols") set forth in the attached Student Athletic and Activities COVID-19 Protocols, which is incorporated herein by this reference. The Protocols may be amended at any time by CCSD. If the Protocols are amended, Student will strictly comply with all such amendments, which are also incorporated herein by this reference.

Parent/Guardian
and Student Initials

We further understand and agree that Student's failure or refusal to comply with any of the Protocols at any point in time while the Protocols are in effect will result in Student's immediate removal from the Program until such time as Student is willing and able to comply with all of the Protocols. Repeated violations of the Protocols will result in a permanent ban on Student's participation in the Program.

Parent/Guardian
and Student Initials

COVID-19 testing will also be conducted by the school (or its representative), at CCSD's expense, on a weekly basis for identified sports/activities until further notice. We hereby give consent for Student to be tested for COVID-19. We also consent to the release of any COVID-19 test results to Parent/Guardian, even if Student is over the age of 18. We also acknowledge that limited CCSD staff will be provided test results if a positive result is received and contact tracing is initiated.

Parent/Guardian
and Student Initials

WE FURTHER UNDERSTAND THAT EVEN IF STUDENT AND ALL OTHER PARTICIPANTS IN THE PROGRAM COMPLY WITH ALL OF THE PROTOCOLS AT ALL TIMES AND IN ALL RESPECTS, STUDENT MAY STILL BE EXPOSED TO OR CONTRACT COVID-19 IN CONNECTION WITH OR AS A RESULT OF HIS/HER PARTICIPATION IN THE PROGRAM, WHICH COULD RESULT IN SELF-ISOLATION, MILD TO SERIOUS ILLNESS, VENTILATOR USE, TEMPORARY OR PERMANENT DISABILITY, AND/OR DEATH TO STUDENT. IN ADDITION, SHOULD STUDENT BE EXPOSED TO OR CONTRACT COVID-19, MEMBERS OF STUDENT'S HOUSEHOLD AND/OR ANYONE WHO COMES INTO CONTACT WITH STUDENT AT ANY POINT IN TIME WHILE STUDENT IS CAPABLE OF TRANSMITTING COVID-19 MAY BE EXPOSED TO OR CONTRACT COVID-19, WHICH COULD RESULT IN SELF-ISOLATION, MILD TO SERIOUS ILLNESS, VENTILATOR USE, TEMPORARY OR PERMANENT DISABILITY, AND/OR DEATH TO SUCH INDIVIDUAL(S). IN SPITE OF THE FOREGOING, PARENT/GUARDIAN AND STUDENT ASSUME ALL RISK OF INJURY, ILLNESS, OR LOSS OF LIFE TO STUDENT ARISING OUT OF STUDENT'S PARTICIPATION IN THE PROGRAM.

Parent/Guardian
and Student Initials

We further understand that Student will not be covered under any CCSD program or policy of insurance in relation to Student's participation in the Program, and that Parent/Guardian will be responsible for any medical bills or other costs resulting from any illness, injury disability, or death resulting from Student's participation in the Program, including, without limitation, any illness, injury, disability, or death related to or resulting from Student's exposure to or contraction of COVID-19.

Parent/Guardian
and Student Initials

We further understand and agree that if Student tests positive for COVID-19, he or she will not be permitted to participate in the Program for **a minimum period** of 10 days following a positive test, and the positive test result must be immediately shared with Student's coach/advisor or a school administrator for purposes of contact tracing. Positive test results will not be shared with anyone who does not have a specific need for such information.

Athletics and Activities Consent, Waiver, and Release Agreement

Parent/Guardian
and Student Initials

We further understand and agree that if Student exhibits any symptoms of COVID-19 infection, and/or is directly exposed to another person who has tested positive for COVID-19, Student may not participate in the Program for a **minimum period** of 10 days following the later of (1) the most recent date of onset of COVID-19 symptoms, or (2) the most recent date of exposure, unless Student is evaluated and cleared to return to participation in the Program earlier by a licensed physician (medical doctor or doctor of osteopathic medicine). If Student receives a medical clearance from a licensed physician, Student shall provide a copy to his/her coach/advisor or a school administrator prior to being permitted to resume participation in the Program. COVID-19 test results should not be included with the form.

Parent/Guardian
and Student Initials

We further understand and agree that Student may lose conditioning during a self-isolation period and may require additional time to return to pre-isolation condition.

Parent/Guardian
and Student Initials

In consideration of being permitted to participate in the Program, Parent/Guardian and Student specifically release and forever discharge CCSD, its Board of School Trustees, employees, agents, administrators, teachers, counselors, advisors, and volunteers from all liability or claims for injury, illness, death, or loss of or damage to property which Student may suffer while participating in the Program. This discharge specifically includes, but is not limited to, liability or claims for injury, illness, death, or loss of or damage to property caused by Student's exposure to or contraction of COVID-19, caused by the negligence of CCSD, its Board of School Trustees, employees, agents, teachers, counselors, advisors, and volunteers, and/or caused by any other participant in the Program. Parent/Guardian and Student hereby agree to release CCSD, its Board of School Trustees, employees, agents, teachers, counselors, advisors, and volunteers and hold them harmless from all liability for any injury, illness, death, or loss of or damage to property, whether caused by Student's exposure to or contraction of COVID-19, the negligence of CCSD, its Board of School Trustees, employees, agents, teachers, counselors, advisors, and volunteers, or whether based upon tort, breach of contract, breach of warranty, or any other legal theory. In signing this document, Parent/Guardian and Student fully recognize that if injury, illness, death, or loss of or damage to property occurs to Student while participating in the Program, including, without limitation, injury, illness, death, or damage to property caused by or related to Student's exposure to or contraction of COVID-19, Parent/Guardian and Student will not have any right to make a claim or file a lawsuit against CCSD, its Board of School Trustees, employees, agents, teachers, counselors, advisors, and volunteers for any claim or cause of action arising from any injury, illness, death, or loss of or damage to property arising in any way from Student's participation in the Program.

School: _____ Grade Level: _____ Sport/Activity: _____

Student Name: _____

Student Signature: _____ Date: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Athletics and Activities Consent, Waiver, and Release Agreement

Health Screening Questions

I certify that I will screen my child's health prior to their daily participation, and they will only participate if they answer no to all of all the following symptoms/conditions:

1. Do you have a **new or worsening** cough, shortness of breath, or difficulty breathing that cannot be attributed to another health condition?
2. Do you have a **new fever (100° F or higher) or chills?**
3. Do you have a **new loss of taste or smell?**
4. Do you have any two or more of the following symptoms for longer than 24 hours: **new or worsening cough, headache, muscle or body aches, abdominal pain/vomiting/diarrhea, new congestion/runny nose, excessive fatigue, excessive loss of appetite, or GI conditions such as abdominal pain/vomiting or diarrhea?**
5. Have you come into close contact (within 6 feet for more than 15 minutes over a 24-hour period) with someone who has a laboratory-confirmed COVID-19 diagnosis in the past 10 days?
6. Have **you** received a laboratory-confirmed positive COVID-19 diagnosis in the last 10 days?

Athletics and Activities Consent, Waiver, and Release Agreement

Student Athletic and Activities COVID-19 Protocols

1. Students/Parent/Guardian(s) will perform a home-health screening prior to entering campus. Sign-in procedures for each sport/activity will be predetermined by the coach, advisor, and/or staff member.
2. If any student is feeling ill **in any way**, they must stay home. They must contact the head coach, advisor, or other designated staff member and let them know they are not feeling well and will stay home.
3. When required by CCSD, students will be self-performing a nasal swab COVID-19 test every week during the season. If a student opts to obtain a nasal swab COVID-19 test from a lab or medical provider outside of CCSD, the student must provide a copy of the test results to the coach, advisor, or athletic administrator on the next practice or school day following the student's receipt of the results. The coach, advisor, or staff member supervising athletics/activities will ensure that all students comply with the most current testing requirements.
4. Any student who tests positive for COVID-19 should begin to self-isolate immediately and may not participate in any CCSD sport-related or extracurricular activities (including, without limitation, meetings, practice, or competition) for a minimum of 10 days from the date of the positive test. The student must wait a full 10 days from the date of the COVID-19 positive test and have symptoms resolved for at least 24 hours prior to being permitted to resume participation. If the student receives a medical clearance from a licensed physician prior to the expiration of the 10-day period, the student must provide a copy to his/her coach, advisor, or a school administrator before being permitted to resume participation. COVID-19 test results should not be included with the medical clearance form.
5. Students are required to bring their own labeled water bottle. To prevent cross contamination and related infection transmission, refilling of water bottles will be managed by the coaches or staff.
6. Hand washing must be conducted whenever possible. When hand washing is not possible, hand sanitizer will be available to all students. Students will wash their hands or use hand sanitizer before practicing.
7. Locker room areas are available based upon site administration's guidelines. Students who do not have individual lockers assigned must place their belongings in a designated area determined by the coach or other designated staff member.
8. Designated bathrooms will be open. Students are required to wash their hands after bathroom use, during conditioning/intramural/practice sessions, and at the conclusion of the session. Showers will not be available. Students will arrive and leave in the same clothing. Students will be encouraged to wash hands throughout each conditioning/intramural/practice session/game.
9. There will be no sharing of clothes, shoes, towels, water bottles, or any other personal items.
10. Appropriate clothing is always required during workouts/practices (shirts are required at all times). Students will be required to come to sessions with their own face coverings that comply with at least the minimum standards set forth in the most current directive(s) from the Clark County School District, and any amendments thereto. Face coverings can be removed when performing long-distance running or strenuous activities, but social distancing requirements must remain in effect at all times during the times of face covering removal.
11. Maximum capacity numbers for indoor sports and activities must comply with all current CCSD COVID-19 protocols.