



SACRAMENTO STATE AQUATIC CENTER

A PROGRAM OF ASSOCIATED STUDENTS, INC.

2020-2021 Capital COVID Training Program

PERSONAL INFORMATION FORM

Varsity Women Varsity Men Novice Women Novice Men

ATHLETE INFORMATION

Athlete's Last Name: _____ First Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Birthdate: _____ Age: _____ Gender: _____ T-Shirt Size: _____

Athlete Cell Phone: _____ Athlete Email Address: _____

School: _____ Year in School: _____

PARENT/GUARDIAN INFORMATION

Parent #1 Last Name: _____ First Name: _____

Address: _____ same as athlete OR _____

Parent #1 Email Address: _____

Parent #1 Phones Cell: _____ Home: _____ Work: _____

Relationship to Athlete: _____

Parent #2 Last Name: _____ First Name: _____

Address: _____ same as athlete OR _____

Parent #2 Email Address: _____

Parent #2 Phones Cell: _____ Home: _____ Work: _____

Relationship to Athlete: _____

OFFICE USE ONLY

ITEM	DATE	STAFF
Packet Complete		
Entered in Park Pro		
Checklist		
Parent Email List		
Paid		



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FACE COVERINGS

The Aquatic Center will remind participants in advance to bring a face covering and make them available to participants to purchase who arrive without one. The use of face coverings is required in public spaces.

PARTICIPANT-SCREENING

Participants are required to self-screen before leaving home. During the reservation process, participants will attest they understand the self-screening process before their visit and will cancel their reservation if they do not pass the self-screen.

Any participant who does not pass the screening or develops symptoms while at the Aquatic Center, will be sent home.

INDIVIDUAL CONTROL MEASURES FOR PARTICIPANTS

The Aquatic Center will take reasonable measures, including posting signage in strategic and highly visible locations, to remind employees and participants that they should practice physical distancing, wash hands before, during and after their visit, and that the use of face coverings is required in public spaces .

The Aquatic Center will remind participants in advance to bring a face covering and make them available to participants who arrive without one. The use of face coverings is required in public spaces unless the participant meets state guidelines for exemption from wearing a face covering.

Alcohol-based hand sanitizer will be widely available for participant usage as recommended by the CDC and state guidelines.

All equipment will be separated by a minimum of six feet.

All outdoor areas will be supplied with CDC recommended supplies for disinfection and cleaning of equipment. Participants are expected to clean equipment after usage and employees will clean equipment between users.

OUTDOOR ROWING ERGOMETER USE

Per state and local guidelines, the Aquatic Center will relocate rowing ergometer equipment to ensure equipment is spaced at least six feet apart. The Aquatic Center will use the following specific strategies to ensure physical distancing is possible in outdoor fitness areas:

Pre-registration will be required to attend classes. Walk-up access will not be permitted. Walk-up participants will be directed to complete the online reservation form to sign up for later dates. Emails will be generated with instructions on location of class and check-in procedures.

Activity spaces will be clearly marked with signage to create designated areas for completion.

If queueing for equipment or spaces is needed, areas will have designated queueing areas with six-foot distance markers clearly indicating where participants should stand to maintain physical distancing while waiting.



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Activity capacity will be limited to 14 participants per station.

Arrows and cones will be placed on the ground to identify one-way traffic patterns and entrances and exits.

Equipment will be sanitized prior to and at the end of each activity.

Fitness areas will be staffed with attendants to document real-time attendance counts, and provide immediate participant education and assistance with physical distancing.

Participants are only allowed to use the equipment at their station. No sharing equipment.

Participants will be allowed to bring personal water bottles, face covering, and towels brought from home.

There will be no physical contact between participant to participant, or instructor to participant unless required for participant safety.

The instructor is not allowed to move between rows or offer hands-on corrections. The instructor can only move lateral in front of the class maintaining more than 15 feet distance from participants. The use of video will be promoted to send activity advice to participants.

Participants will disinfect equipment after each class. Utilizing appropriate PPE, attendants and instructors will additionally disinfect and put away equipment after each activity.

At the conclusion of the activity, the participant will reapply face covering and wait for direction to individually exit the area.

Participants will be asked not to loiter after the activities.

Classes will have at least 15 minutes between classes to allow for cleaning, and no crossover at entrance and exit.

ON THE WATER PROGRAMMING – SCULLING

This activity requires setting up rowing shells at our launch dock. Participants will launch from the Sac dock and return to the State dock. Sculling helps improve balance, upper body, and core strength while providing stress relief through focus, exercise and mindful breathing.

Sculling youth will be supervised by an Aquatic Center staff member at all times.

Participants will be asked to sanitize their hands before and after their session.

Face Coverings must be worn on the facility. Face Coverings can only be taken off while on the water or during physical activity on the ergometers, once participant returns to the facility or ceases erging, the face covering must be reapplied.



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Capacity will be 4 people at a time waiting at the docks.

One person per rowing shell at a time, equipment will be sanitized between each use.

Footwear with heel straps must be worn at all times. Shoes may be removed and must be transported in the rowing shell if participant is sculling.

Physical distancing will be maintained while on the water.

Athletes will be given a verbal warning if social distancing is not adhered to and parents will receive email notification. A second social distancing violation will result in a one week exclusion from the Aquatic Center.

OTHER INFORMATION:

Parent/guardians will not be allowed on the facility. Parent/guardians will pick and drop off in the outer parking lot.

Participants will be check in at the gate for each day they attend training.

I _____ hereby understand the terms explained above and by signing this form I will abide by the Capital COVID Training Program terms and conditions.

(Athlete)

Signature _____ Date _____

(Parent)

Signature _____ Date _____



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CODE OF CONDUCT

The following items apply to all Capital Athletes during Capital events, practices, races, functions, etc. Failure to comply with any of these guidelines may result in suspension or expulsion from Capital.

- Social distancing and mask wearing protocols will be followed at all times
- Respect the aquatic center facilities and keep it clean (*please pick up after yourself, i.e. water bottles, socks and misc. clothing. All items left will be put in lost and found. Lost & found will be cleaned out monthly and all items donated to Goodwill.*)
- Be respectful to other teammates and opponents
- Be respectful to all aquatic center patrons (*the Aquatic Center is a multi-use facility and may have many programs running at the same time, please be mindful of other patrons.*)
- Represent your team with pride at all times
- Consumption of alcohol is prohibited
- Capital Crew & the Aquatic Center does not condone bullying and/or hazing.
- Use of any illegal substances (drugs) will result in expulsion
- No swearing or inappropriate gestures
- Disrespect to the coaching or aquatic center staff will not be tolerated
- Abide by all posted aquatic center signage
- Mind all aquatic center staff and their instructions
- Physical assault of any type is prohibited
- Respect others personal property
- Theft is prohibited
- Weapons or firearms are not allowed
- Follow the 15mph speed limit in AC parking lot and outer lot
- "Horse play" in parking lot or in/on vehicles is prohibited
- **Stop** at all posted stop signs
- Abuse of equipment will not be tolerated
- Report all broken equipment to coaching staff ASAP
- No pets are allowed on the aquatic center grounds
- Abide by all California State Parks Rules and Regulations
- **Athletes only have use of the facility during scheduled practice times**
- If witness to any other athletes in violation of these guidelines, please report it to a coach ASAP. (Anonymously if desired)
- All Fees/Paper work must be turned in before athlete will be allowed to participate.

I _____ hereby understand the terms explained above and by signing this form I will abide by this code of conduct.

(Athlete)

Signature _____ Date _____

(Parent)

Signature _____ Date _____



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Student-Athlete Social Media Agreement

Social media can be a useful tool to communicate with teammates, fans, friends, coaches, and more. Social media can also be dangerous if you are not careful. Every picture, link, quote, tweet, status, or post that you or your friends put online is forever part of your digital footprint. You never know when it will come back to hurt or help your reputation during the recruiting process, a new job, or other important areas of your life.

Recognizing the above:

_____ I take responsibility for my online profile, including posts and any photos, videos or other recordings posted by others in which I appear.

_____ I will represent Capital and Sacramento State Aquatic Center in a positive manner at all times and not degrade my opponents before, during, or after races or during the season.

_____ I will post only positive things about my teammates, coaches, opponents and officials and not comment on injuries, rosters, or other confidential information.

_____ I will use social media to purposefully promote abilities, team, community, and social values.

_____ I will consider "Is this 'the me' I want you to see?" before I post anything online.

_____ I will ignore any negative comment about my team or me and will not retaliate. When appropriate I will inform my coaches.

_____ If I see a teammate post something potentially negative online, I will have a conversation with that teammate. If I do not feel comfortable doing so, I will talk to the team captain or a coach.

_____ I am aware that I represent my sport, school, team, family, and community at all times, and will do so in a positive manner.

Student-Athlete Signature

Date



RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS

Activity: _____

Activity Date(s) and Time(s): _____

Activity Location(s), Premises or Facility (ies): Lake Natoma, Gold River, CA

In consideration for being allowed to participate in this Activities and/or use of the Premises or Facility, on behalf of myself and my next of kin, heirs and representatives, I release from all liability and promise not to sue the State of California, the Trustees of the California State University, California State University, Sacramento, and their employees, officers, directors, volunteers and agents (collectively "University") and the Associated Students Incorporated at Sacramento State and their employees, officers, directors, volunteers and agents (collectively "Auxiliary Organization"), State of California, through its department of Parks and Recreation, and their employees, officers, directors, volunteers and agents (collectively "California Department of Parks and Recreation"), and the United States Bureau of Reclamation, and their employees, officers, directors, volunteers and agents (collectively "United States Bureau of Reclamation") from any and all claims, including claims of the University's or Auxiliary Organization's or the California Department of Parks and Recreation's or the United States Bureau of Reclamation's negligence resulting in any physical or psychological injury (including paralysis and death), illness, property damage or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity.

I am voluntarily participating in the Activity. I am aware of the risks associated with traveling to, from and participating in the Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, death and/or property damage. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, negligence, conditions related to travel, or the condition of the Activity Location(s). Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.

I agree to hold the University, Auxiliary Organization, the California Department of Parks and Recreation, and the United States Bureau of Reclamation harmless from any and all claims, including attorney's fees or damage to my personal property that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. I understand the legal consequences of signing this document, including (a) releasing the University, the Auxiliary Organization, the California Department Parks and Recreation and the United States Bureau of Reclamation from all liability, (b) promising not to sue the University, the Auxiliary Organization, the California Department Parks and Recreation and the United States Bureau of Reclamation (c) and assuming all risks of participating in the Activity, including travel to/from and during the Activity.

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Participation Signature: _____

Participant Name (Print): _____ Date: _____

Page 2 is required only if Participant is under 18 years of age.



If Participant is under 18 years of age:

I am the parent or legal guardian of the Participant. I understand the legal consequences of signing this document, including (a) releasing the University, the Auxiliary Organization, the California Department of Parks and Recreation and the United States Bureau of Reclamation from all liability on my and the Participant's behalf, (b) promising not to sue on my and the participant's behalf, (c) and assuming all risks of the Participant's participation in this Activity, including travel to/from an during the Activity. I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

I have read this two-page document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Signature of Minor Participant's Parent/Guardian

Name of Minor Participant's Parent/Guardian (Print)

Date

Minor Participant's Name (Print)

Minor Participant's Birthdate (MM/DD/YY)

COVID-19 RELEASE OF LIABILITY,
ASSUMPTION OF RISK AND PROMISE NOT TO SUE

Activity: _____

Date/Term of Activity: _____ **Activity Location:** _____

CUSTOMER has voluntarily elected to participate in above referenced activity (hereinafter referred to as the "ACTIVITY"). CUSTOMER is free to opt-out of ACTIVITY at any time and inform the Associated Students, Inc. of that decision.

DISCLOSURES

In electing to participate in the ACTIVITY, CUSTOMER understands, recognizes and has taken into account the following:

- The ACTIVITY may require and involve direct contact, including physical contact, with other individuals present at the facility.
- There has existed and continues to exist a nationwide pandemic commonly referred to as the COVID-19 pandemic.
- COVID-19 is highly contagious and capable of widespread person-to-person transmission.
- During the ACTIVITY, CUSTOMER may come into direct or close contact with individuals at the facility who have contracted COVID-19 or who might otherwise be contagious.
- During the ACTIVITY, CUSTOMER may be exposed to and/or contract COVID-19.
- There is and can be no guarantee that CUSTOMER will not be exposed to or contract COVID-19 during the ACTIVITY.
- Associated Students, Inc., and California State University, Sacramento, makes no representations and can give no assurances about the degree to which CUSTOMER may be exposed to COVID-19 during the ACTIVITY.
- Associated Students, Inc. and California State University, Sacramento makes no representations and can give no assurances about the risk or probability that CUSTOMER may contract or transmit COVID-19 during the ACTIVITY.
- Associated Students, Inc. and California State University, Sacramento makes no representations and can give no assurances about the practices, measures or methods employed or adopted by the facility related to the COVID-19 pandemic, or the sufficiency and adequacy of those practices, measures or methods.
- Notwithstanding any practices, measures or methods employed or adopted by the facility, there will still be a risk and possibility of contracting or transmitting COVID-19 during the ACTIVITY.

ASSUMPTION OF RISK

CUSTOMER is voluntarily participating in the ACTIVITY at this time, notwithstanding the COVID-19 pandemic.

CUSTOMER is aware of the risks associated with the pandemic which includes but are not limited to physical or psychological injury, pain, suffering, contagiousness, illness, temporary or permanent disability, economic or emotional loss, and/or death.

CUSTOMER understands that these injuries or outcomes may arise from CUSTOMER's own or other's actions, inaction, or negligence.

CUSTOMER expressly and without qualification agrees to assume, and does assume, sole responsibility for all risks, known or unknown, relating to the COVID-19 pandemic associated with or attributable to the



COVID-19 RELEASE OF LIABILITY,
ASSUMPTION OF RISK AND PROMISE NOT TO SUE

ACTIVITY.

RELEASE AND PROMISE NOT TO SUE

The term "UNIVERSITY" means and refers to the State of California, the Trustees of The California State University, California State University, Sacramento and their employees, officers, directors, volunteers and agents.

In consideration for being allowed to participate in the ACTIVITY, CUSTOMER (on behalf of CUSTOMER and CUSTOMER's next of kin, heirs and representatives):

- (1) **Releases and discharges Associated Students, Inc. and UNIVERSITY** from any and all actions, claims, causes of action and liability, including claims of negligence, that in any way are related to, based on, or involve the COVID-19 pandemic and the ACTIVITY; and,
- (2) **Agrees and promises not to sue or assert** any action, claim, or cause of action against Associated Students, Inc. and the UNIVERSITY that in any way relates to, is based on, or involves the COVID-19 pandemic and the ACTIVITY.

ACKNOWLEDGMENTS

CUSTOMER understands the legal consequences of signing this document, including (a) releasing Associated Students, Inc. and the UNIVERSITY from liability relating to the ACTIVITY and the COVID-19 pandemic, (b) promising not to bring claims against Associated Students Inc. and the UNIVERSITY relating to the ACTIVITY and the COVID-19 pandemic, (c) and assuming sole responsibility for all COVID-19 pandemic risks relating to, arising out of or associated with the ACTIVITY.

CUSTOMER understands that this document is written to be as broad and inclusive as legally permitted by and under California law. CUSTOMER agrees that if any portion is held invalid or unenforceable,

CUSTOMER will continue to be bound by the remaining terms.

CUSTOMER understands and acknowledges that CUSTOMER may discuss and review this document with an attorney before signing it.

CUSTOMER has read and understands this document and is signing it freely and voluntarily. No other representations concerning the legal effect of this document have been made to CUSTOMER.

CUSTOMER Signature: _____

CUSTOMER Name (print): _____ Date: _____

If CUSTOMER is a minor, parent or guardian must also sign below.

Minor Name: _____

Minor Date of Birth : ____ / ____ / ____

Parent/Guardian Signature: _____

Parent/Guardian Name (print): _____ Date: _____



MEDICAL CONSENT FORM

Dear Parent/Guardian

Your son/daughter is below the legal age of consent (18 years of age). The law requires that we have your permission to give medical service should the need arise. Your signature on the consent form will authorize us to proceed with the care of the lesser types of medical problems that may occur. In the event of any major health problems, we will notify you as promptly as possible and follow your instructions. If we are unable to contact you or your alternative listed below, your child will be taken to the nearest emergency room facility.

Name of Student: _____ Age: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Date of Birth: _____ Email: _____
 Home Phone: _____ Other Phone: _____
 Parent's Name: _____ Mobile Phone: _____
 Parent's Name: _____ Mobile Phone: _____

**IN CASE OF AN EMERGENCY,
PERSONS TO CONTACT IF PARENTS OR GUARDIAN CAN NOT BE REACHED.**

Name: _____	Home Phone: _____
Relationship: _____	Cell Phone: _____
Name: _____	Home Phone: _____
Relationship: _____	Cell Phone: _____
Name: _____	Home Phone: _____
Relationship: _____	Cell Phone: _____

Does your child have any severe medical problems that we should know about? (For example: asthma, allergies to drugs, heart trouble, epilepsy, diabetes, physical disability etc.?) Please specify.

Should there be any limits on his/her physical activity? If so, what are they?

Has your child had any serious illness in the last three years? If yes, please explain:

Continue on back



At the present time, is your child under a doctor's care? If yes, for what?

Is your child taking any medications or behavioral drugs at this time?

If yes, please explain:

Can we contact your doctor for medical reports? Yes No

Doctor: _____ Phone: _____ Hospital: _____

When was the last time your child had a complete physical examination?

Date: _____ Doctor: _____ Phone: _____

Medical Insurance Information

Name of the Insurance Company:	_____
Phone Number:	_____
Patient Record Number:	_____
Policy Number:	_____
Billing Info:	_____

Please list any other information of importance.

I do hereby authorize the performance of medical examinations and necessary treatments (including test, x-rays, drugs, etc.) as may be deemed advisable or necessary by the physician in attendance. This consent shall be in effect for the period of time that my son or daughter participates in Associated Students Incorporated sponsored activities. If an emergency arises requiring a major surgical procedure, the camp director will attempt to reach me and to be guided by my wishes: but if I cannot be reached, I authorize the attending physician to act as medical judgment may dictate.

Parent's/ Guardian's Signature: _____

Parents Email: _____

Date of Consent: _____