

THE SANFORD CENTER
COVID-19 PREPAREDNESS PLANNING & PROTOCOL
CERTIFICATE OF COMPLIANCE

As part of the Sanford Center's Return To the Ice Protocols & Procedures for the 2020-2021 Season, the Sanford Center requires a signed document from its members players & families prior to participating in any Sanford Center event/activity attesting they have read the Sanford Center Return to Ice Protocols & Procedures, that they meet the current health and safety requirements for returning to the ice and that they comply fully with all required guidelines and protocols set forth by the CDC, State of Minnesota & USA/MN Hockey.

Please indicate your certification by checking the boxes and signing the form.

I certify that I have reviewed the Sanford Center Return to Ice Protocols & Procedures and the underlying guidance from the CDC, the Minnesota Department of Health, and the local government officials and its governing bodies, USA Hockey and Minnesota Hockey and that I will comply with the current health and safety requirements and protocols for returning to hockey set forth therein and as may be updated.

I certify that I understand all Coaches, Instructors, Volunteers, Athletes and Family should stay home if ill (with any symptoms); maintain physical distance of at least 6' from anyone outside their household; wear a cloth mask when in the rink (except players when on-ice); and wash or sanitize hands often.

I agree to follow all requirements and guidelines set forth for helping to control the spread, for isolation, quarantine, self-evaluation, testing, contact tracing, and to return to play if my player or a member of our family tests positive and becomes ill with COVID-19.

I further certify that I understand that Sanford Center is required to follow the CDC guidance for community-related exposure and accordingly, I agree to adhere to the CDC/MDH direction to isolate at home, to the recommended days of quarantine after exposure, and to follow the CDC/MDH guidelines on when to discontinue isolation and other precautions and return to hockey if we have had close contact with a person who has symptoms

By way of this form, I have been informed that Coaches, Instructors, Volunteers, Athletes and Family are encouraged self-screen for symptoms prior to every scheduled event and to provide status of screens when checking-in at each event.

I have read and understand the entire Certificate of Compliance and agree to its terms and conditions.

Signature: _____

Date: _____

Printed Name: _____

Player's Name: _____