



## Outdoor Contact Sports Opt-In Form

Updated 2/16/2021

This form is to be used by a school located in a county designated as High Risk or Extreme Risk to notify of its intent to opt in to offer outdoor contact sports for the 2020-21 school year in accordance with the Governor’s February 10, 2021 update to [Outdoor Contact Sports Guidance](#). Once final, this form will be posted to a school or district website and a link to it will then be sent to ODE.

*In Lower Risk and Moderate Risk counties, practices and games for outdoor contact sports, including high school football, can resume following health and safety guidance to be issued by the Oregon Health Authority.*

*In High Risk and Extreme Risk counties, where COVID-19 remains more widespread, schools and other sports organizations can opt-in to resuming outdoor full contact sports with additional protocols in place. In such counties, sports organizations must offer on-site responsive testing for symptomatic individuals and close contacts, contact information for contact tracing, and a waiver identifying health and safety risks and a commitment to isolation and quarantine if exposed to COVID-19. Schools in Extreme and High Risk counties must also have at least limited in-person instruction occurring, with the goal of achieving hybrid or full in-person instruction for students this school year. Schools must also be in compliance with state guidance for COVID-19 testing.*

Please fill out the following information for your school, district or program:

Information Needed	Your Response
Name of School, District or Program	Crater High School Athletics
Key Contact Person for this Plan	David Heard
Phone Number of this Person	541-494-6386
Email Address of this person	David.heard@district6.org
Specify Outdoor Contact Sports Included in this Plan	Football, Soccer, Cheer, Cross Country, Baseball, Softball, Track, Golf
Intended Starting Date for this Plan	February 18, 2021

## School Instructional Model

### OHA Requirements

- The school must Offer, at a minimum, Comprehensive Distance Learning *with* Limited In-Person Instruction (LIPI), with the goal of implementing Hybrid or full On-Site Instructional Models for students before the end of the 2020-21 school year.
- Detail your school's current instructional model and note the date it began.

### Plan Details for School Instructional Model

Please enter the details of your plan that correspond to the requirements listed above:

## On-Site Testing for Symptomatic Individuals and Close Contacts

### OHA Requirements

- The school must offer on-site responsive testing for symptomatic individuals and those with known exposures to individuals with COVID-19. This applies to athletes and support staff and volunteers. Schools must also be in compliance with state guidance for COVID-19 testing.
- Detail your school's specific plans to meet this requirement.
- Please review [COVID-19 Testing in Oregon's K-12 Schools](#) for additional information.

### Plan Details for On-Site Testing for Symptomatic Individuals and Close Contacts

Please enter the details of your plan that correspond to the requirements listed above:

## Contact Information for Contact Tracing

### OHA Requirements

- The school must commit to collecting contact information for the purpose of contact tracing for each participant, coach, official, staff member, spectator, etc. for each outdoor contact sports practice and contest.
- Detail your school's specific plans to meet this requirement.
- Sample contact tracing forms:
  - [COVID Monitoring Form: Excel](#)
  - [COVID Monitoring Form: PDF](#)

### Plan Details for Contact Information for Contact Tracing

Please enter the details of your plan that correspond to the requirements listed above:

## Student-Athlete Waiver

### OHA Requirements

- The school must have a waiver completed for each student-athlete prior to outdoor contact sports participation identifying health and safety risks and a commitment to isolation and quarantine if exposed to COVID-19.
- Waivers must be kept on file at the school. Detail your school's specific plans to meet this requirement.
- [Sample Student Waiver Form](#)

### Plan Details for Student-Athlete Waiver

Please enter the details of your plan that correspond to the requirements listed above:

**CRATER HIGH SCHOOL  
OPT IN PLAN  
FEBRUARY 16, 2021**

Crater High School started LIPI on November 1, 2020 and transitioned to Hybrid on February 2, 2021. The district is not currently planning for full on-site Instructional models until the fall of 2021.

**On-Site Testing for Symptomatic Individuals and Close Contacts**

- Preferred option: On site rapid testing through school-based health center, LaClinica.
- Back up option 1: On-Site trained school personnel with BinaxNOW provided tests.
- Back up option 2: Athletic Trainer sends physician referral to Providence drive through testing.

**Screening**

- Coaches screen all athletes daily and use the attached "Contact Daily Log".

**Contests**

- Prior to all contests, we will collect rosters from both teams, including officials and staff members. All persons will sign in. No spectators will be admitted at events (events will be broadcast for spectators through Table Rock Sports).

**WAIVER OF LIABILITY AND HOLD HARMLESS FOR COMMUNICABLE DISEASES  
INCLUDING COVID-19**

**Student Name:** \_\_\_\_\_

**Grade:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Parent(s)/Guardian(s) Name:** \_\_\_\_\_

**Parent/Guardian Phone Work:** \_\_\_\_\_ **Other:** \_\_\_\_\_

The novel coronavirus (COVID-19), has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and it is believed to spread mainly from person-to-person contact. While rules, guidance, and personal discipline may reduce this risk, the risk of serious illness and death does exist. **The Central Point School District (“District”) cannot completely mitigate the transfer of communicable diseases like COVID-19 especially when involved in sports or activities. Participation in sports or activities includes possible exposure to an illness injury or death from infectious diseases including COVID-19.**

In consideration for providing my child the opportunity to participate in [sport or activity] and any related transportation to and from [sport or activity] events both my child and I voluntarily agree to waive and discharge any and all claims against District and release it from liability for any exposure or illness or injury from an infectious disease including COVID-19, including claims for any negligent actions of the District or its employees or agents, to the fullest extent allowed by law, for myself, my child, our estates, our heirs, our administrators, our executors, our assignees, and our successors.

I also agree to release, exonerate, discharge and hold harmless the District, its Board of Directors, the individual members thereof, and all officers, agents, employees, volunteers, and representatives from all liability, claims, causes of action, or demands, including attorney fees, fines, fees, or other costs (e.g. medical costs) arising out of any exposures to or illness or injury from an infectious disease including COVID-19, which may result from or in connection with my child’s participation in [sport or activity].

I further certify and represent that I have the legal authority to waive, discharge, release, and hold harmless the release parties on behalf of myself and the above-named student.

**I certify that I have read this document and its entirety and fully understand its contents. In exchange for the opportunity to participate in sports or activities at the school, the above-named student and I freely and voluntarily assume all risk such as hazards and notwithstanding such, release District from all liability for any loss regardless of cause, and claims arising from the student’s participation in the [sport or activity].**

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Daily Log – COVID-19



**OREGON**  
**DEPARTMENT OF**  
**EDUCATION**

*Oregon achieves... together!*

Date: \_\_\_\_\_

Stable Cohort: \_\_\_\_\_

Child Name (First Last)	IN	Entrance Screening* completed (x)	Parent/Guardian name & phone	Interactions beyond the Cohort	OUT	Symptoms and/or exposures noted
Staff/Adult Names in Contact with Cohort**				Role/Title		

\*Entrance Screening – Must include either a visual check/parent attestation: check for the primary symptoms of concern.  
\*\*Staff Name – The name of any staff member or adult who comes in contact with the students throughout their day.

## COVID-19 testing consent form

To be completed by student parent or guardian			
Parent/Guardian Information			
<i>You will be notified with test results in writing at the time of testing.</i>			
Parent/Guardian Print name:			
Parent/Guardian Mobile number:			
Parent/Guardian Email address:			
Student Information			
Student name:			
Home address:		City:	
ZIP code:		County:	
Date of birth: (MM/DD/YYYY)		Grade level:	
Student name:			
Home address:		City:	
ZIP code:		County:	
Date of birth: (MM/DD/YYYY)		Grade level:	
Student name:			
Home address:		City:	
ZIP code:		County:	
Date of birth: (MM/DD/YYYY)		Grade level:	

### Consent

By completing this form and returning it to my school, I confirm that I am the parent or guardian of the student(s) listed above, and that I consent to allow testing of my student(s) for COVID-19 by shallow nose swab during the 2020-2021 school year. COVID-19 testing may be offered to students in two circumstances: (1) if my student(s) develop(s) new symptoms of COVID-19 while at school; (2) if my student(s) is exposed to COVID-19 in a school group and the local public health department recommends testing. I understand that I may consent to one or both types of testing.

I understand that COVID-19 testing for the student(s) is optional and that I may refuse to give consent, in which case, my student(s) will not be tested. I understand that my student(s) must stay home from school if feeling unwell.

I understand that the school is not acting as my student's healthcare provider, this testing does not replace treatment by my student's healthcare provider, and I assume complete and full responsibility to take appropriate action regarding the student's test results. I understand that it remains my responsibility to seek medical advice, care and treatment for my student(s) from their healthcare provider.

I understand that there is a possibility of false negative COVID-19 test results and that my student(s) could still be infected with COVID-19 even if the test result is negative. I also understand that if my student(s) tests positive for COVID-19, the test result will be reported to the local public health authority as required by law.

Personal health information will not be released without written consent except when required by law.

- I give permission for school staff to test this student(s) for COVID-19 if new symptoms develop at school.
- I give permission for school staff to test my student(s) if they are exposed to COVID-19 within their school cohort and testing is recommended by the local public health authority.

Signature of Parent/Guardian

Date

You can get this document in other languages, large print, braille, or a format you prefer. Contact the Coronavirus Response and Recovery Unit (CRRU) at 503-979-3377 or email [CRRU@dhsoha.state.or.us](mailto:CRRU@dhsoha.state.or.us). We accept all relay calls or you can dial 711.