

## Participant Registration Form

Name \_\_\_\_\_

DOB \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_ Grade 3 4 5 6 7 8

Address \_\_\_\_\_

T-shirt size: Youth Small Youth Medium Youth Large Youth X-Large other \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Phone Number ( ) - Phone Number ( ) -

Email \_\_\_\_\_

Emergency Contact (if you cannot be reached) \_\_\_\_\_

Emergency Contact Phone ( ) - Relationship to child \_\_\_\_\_

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### Health History

Please circle any conditions that your child may have:

Heart problems	Chronic illness	High blood pressure	Epilepsy or seizures
Asthma	Diabetes	Muscle/Joint problems	Recent surgery
Allergies	Stroke	Physical activity difficulty	

Please explain any circled conditions, any special health concerns, and/or special needs/considerations that would be helpful for the coaches: \_\_\_\_\_

Child's physician information:

Name \_\_\_\_\_ Phone ( ) -

Is your child covered by medical insurance? Yes No

Insurance Name \_\_\_\_\_ Number \_\_\_\_\_

Name of Insured \_\_\_\_\_ Relationship to Child \_\_\_\_\_

**By signing below, you give permission to have your child transported by an Innocademy volunteer or medical personnel to receive medical care. In the event you cannot be reached, you give permission to the physician selected by Innocademy to administer treatment, including hospitalization for the child named above.**

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

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### Payment Information

Total Amount Paid: \$ \_\_\_\_\_ Cash \_\_\_ Check Number \_\_\_\_\_ Scholarship Requested \_\_\_\_\_

Questions Contact: Katelyn LaButte [katelynlabutte@yahoo.com](mailto:katelynlabutte@yahoo.com) 616-405-3536

Interested in volunteering: Yes No

## **Covid 19 guidelines**

Who must stay home or will be sent home?

**Anyone in isolation or quarantine for COVID-19.**

**Anyone who has symptoms of COVID-19.**

Any ONE of these:

- Cough
- Shortness of breath
- Difficulty breathing
- Loss of taste or smell

Any TWO of these:

- Fever of  $\geq 100.4$  or feeling feverish Chills
- Muscle aches Sore throat
- Diarrhea
- Nausea or vomiting
- Congestion or runny nose
- Headache
- Fatigue

\* If only one of the symptoms in group two, follow school illness policy for return to school. People with COVID-19 can have no or almost no symptoms. If you have even ONE of these symptoms, consider getting tested for COVID-19.

**Anyone who is considered a close contact that had a potential exposure within the last 14 days.**

• Someone who has been within 6 feet (about 2 arms' length) of an infected person for at least 15 minutes in a 24-hour period including brief encounters (does not need to be consecutive minutes), with or without a face covering or someone under quarantine for possible exposure.

• Public health authorities may determine that distances beyond 6 feet or less than 15 minutes can still result in high-risk exposures based on other considerations and circumstances in each particular case.

If excluded, you may not return to school or any school activity until authorized by public health. For a medical evaluation and/or COVID-19 testing, contact your health care provider or call 2-1-1 for resources.

**How we will be keeping safe**

**\*Masks required during all of practice**

**\*Maintaining 3-6' distance between runners**

**\*Hand washing and sanitizing**

**\*Practice will be outdoors**

**\*Girls will need to provide their own snack and water bottle (clearly labeled)**

