

PARKLAND SCHOOL DISTRICT ATHLETIC DEPARTMENT COACH CONFIRMATION OF REVIEW FORM

I, _____, have reviewed, understand, and agree to comply and reinforce with my athletes to the best of my ability, the guidelines detailed in the "Parkland School District Return to Play Plan", the CDC's [Considerations for Youth Sports](#), and the Pennsylvania Governor's [Guidance for All Sports Permitted to Operate During the COVID-19 Disaster Emergency to Ensure the Safety and Health of Employees, Athletes and the Public](#).

I also agree to conduct a virtual meeting with my student-athletes to review the aforementioned guidelines prior to engaging in any in-person activity.

Until further notice, this document must be signed and returned to the Athletic Office prior to beginning any athletic program after June 23, 2020.

Coach's Printed Name

Coach's Signature

Athletic Director Signature

Date Approved