

Lodi School District
Summer Activities and Video Training Documentation:
(Summer 2020)

I _____ have taken time to watch the video “6 survival skills for COVID-19” and will follow the recommendations and guidance to prevent the spread of the COVID-19 viruses to people who are involved in the activities that I engage in while participating in activities in the Lodi School District. I have asked questions if I did not understand the material in the video and received an answer to help with my understanding. I understand that if I do not follow the guidance given to help keep the Lodi School District community safe, that I may not participate in the activities and will forfeit any fees paid.

Participants Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Email: _____

Phone: _____