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Parent Consent

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the NYS Department of Health and many other public health authorities still recommend practicing social distancing.

I further acknowledge that the Bronxville Athletic Department has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.

I also acknowledge that the Bronxville Athletic Department can not guarantee that my child will not become infected with the Coronavirus/Covid-19.

I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself, my child, and others, including, but not limited to, community members, staff, and other athletes and their families.

I acknowledge that my child must comply with all set procedures and regulations set forth by the Bronxville Athletic Department provided by the NYS Department of Health to reduce the spread while participating in Bronxville Athletics.

By participating in Bronxville Athletics, I knowingly and willingly accept that my child is increasing his or her risk to exposure to the Coronavirus/COVID-19.

Athlete Name (print): _____

Parent/Guardian Signature: _____ Date: _____