Alabama Christian Athletic Association Guideline Notification and Consent Form

Student Name:	Graduation Year:
Parents Names(s) or Legal Guardian(s):	
Father	
Mother	
GIVEN THE FACT THAT WE ARE EXPERIENCING THE ACKNOWLEDGE AND ACCEPT THE INHERENT DANG ATTENDING SUMMER ATHLETIC WORKOUTS AT (NOT WE ALSO UNDERSTAND THAT THOUGH SUMMER VOLUNTARY AND NOT MANDATORY.	GERS AND RISKS ASSOCIATED WITH lame of School).
I/we the undersigned agree, on behalf of the name participate in the summer workouts. As parent/leg for any personal actions taken by the above-name Policies and Procedures, including adherence to the Procedures/Activity Protocols will apply during the	gal guardian, I/We remain legally responsible of student/athlete. I/We understand that all ne Summer Athletic Workout Policies and
I/We (including student/athlete) attest we have care Policies and Procedures/Activity Protocols and that to these rules/guidelines for our student/athlete's others attending 2020 summer workouts. I/We (inworkouts without question or hesitation if request to leave.	at we will strictly and without question adhere health/safety, and the health/safety for all acluding student/athlete) agree to leave the
I/We voluntarily enter into this agreement with th importance of this agreement and understand it h	
In keeping with the State Guidelines for Adult and participating in sporting events or practices should contact with any person 65 years of age or older a such as diabetes and heart disease. Minimizing coat least 6 feet from those individuals, wearing a fa sharing utensils or other common objects with the	I for the next 14 days minimize in-person nd people with chronic health conditions ntact includes maintaining social distancing of ce covering or mask when near them, and not
STUDENT/ATHLETE SIGNATURE:	
DATE:	
PARENT/GUARDIAN SIGNATURE:	
DATE.	