



## Rowland Pony Baseball

### Protect Our Nation's Youth

#### INFORMED CONSENT

Dear Parent/Guardian,

The State of California recently announced that effective February 26, 2021, moderate-contact and high-contact youth, and adult recreational sports may resume, including competitions, if permitted by local health authorities and if in compliance with both Los Angeles County and State requirements for these sports.

**Rowland Pony Baseball, Inc.** is taking reasonable measures to prevent the spread of COVID-19 infection, including tracking/tracing, and following applicable state and County public health orders and protocols. However, the possibility of transmission cannot be eliminated. Athletes and their families must be aware of and acknowledge the risks before participating in athletics.

By initialing and signing this Informed Consent Agreement, you acknowledge, accept, and agree to all the following (Athlete/Parent/Guardian Must Initial and Sign):

- Participation in athletics is purely voluntary.

Parent Initial:\_\_\_\_\_ Athlete Initial:\_\_\_\_\_

- Youth Athlete has permission to participate in athletic meetings, practices, and competitions as directed by the coaching staff.

Parent Initial:\_\_\_\_\_ Athlete Initial:\_\_\_\_\_

- Neither the Athlete nor Parent/Guardian will attend meetings, practice and/or competitions if any of the following apply:
  - A. The Athlete or any member of their household is exhibiting one symptom(s) of COVID-19 first appear within the last 10 days: fever (at or over 100.4°F or 38°C) or chills, cough, shortness of breath or difficulty breathing, feeling tired, muscle or body aches, headache, sore throat, nausea or vomiting, diarrhea, congestion or runny nose, or new loss of taste or smell. The Athlete or Parent/Guardian, if the Athlete is a minor, will check Athlete's temperature at home prior to attending meetings, practices, and/or competitions; and Athlete will not attend if their temperature is at or over 100.4°F or 38°C.
  - B. The Athlete or any member of their household has been diagnosed with COVID-19 or has a suspected diagnosis of COVID-19 or pending COVIDtest.
  - C. The Athlete or any member of their household has spent time with another individual who has been diagnosed with COVID-19 or has a suspected diagnosis of COVID-19.
  - D. The Athlete or any member of their household is currently under isolation

or quarantine orders. Parent Initial: \_\_\_\_\_ Athlete Initial: \_\_\_\_\_

- If the Athlete tests positive for COVID-19 or has been identified as being exposed to an individual that has tested positive for COVID-19, the Athlete or Parent/Guardian, if the Athlete is a minor, agrees to immediately inform **Rowland Pony Baseball, Inc.** and acknowledges that the **Rowland Pony Baseball, Inc.** must contact the Los Angeles County Department of Public Health (LACDPH) to provide information regarding the confirmed positive test, including Athlete's name and contact information. I consent to the **Rowland Pony** providing such information to LACDPH or any other the administrative body as required by law. I agree to willingly cooperate with any contact tracing that is deemed necessary by the **Rowland Pony Baseball, Inc.** and / or LACDPH.

Parent Initial: \_\_\_\_\_ Athlete Initial: \_\_\_\_\_

- We are aware that the Athlete may be exposed to COVID-19 while participating in or attending meetings, practices and/or competitions. We understand that this exposure carries a risk of infection, serious illness, or death for both the athlete and their household members.

Parent Initial: \_\_\_\_\_ Athlete Initial: \_\_\_\_\_

- We acknowledge **Rowland Pony**, the Governor, State Department of Health, LACDPH, or other administrative body with authority over **Rowland Pony** may determine to cancel a competition or the season at any time. We also acknowledge **Rowland Pony** must comply with any mandates issued by any entity with the authority over athletics and agree to comply with any such directives even if issued after signature to this agreement.

Parent Initial: \_\_\_\_\_ Athlete Initial: \_\_\_\_\_

- Athlete and Parent/Guardian, if the Athlete is a minor, is/are aware that practices, games, spectating, and/or transportation will look different than prior years, including the need for physical distancing and the correct and consistent use of face masks. We agree to comply with the direction provided by the coaching staff and acknowledge that the failure to do so may result in the Athlete being refused participation at practice, competitions, and/or the entire sport season.

Parent Initial: \_\_\_\_\_ Athlete Initial: \_\_\_\_\_

- Athlete is voluntarily participating in athletics. Athlete or Parent/Guardian, if the Athlete is a minor, agrees to assume all risks of infection, injury, or death, whether those risks are known or unknown.

Parent Initial: \_\_\_\_\_ Athlete Initial: \_\_\_\_\_

I/WE HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM/WE ARE AWARE OF THE RISKS OF PARTICIPATING IN ATHLETICS DURING THE COVID-19 PANDEMIC. I AM/WE ARE AWARE THAT THIS FORM CONTAINS A RELEASE OF LIABILITY AND WAIVER OF ALL CLAIMS. I AM/WE ARE SIGNING THIS AGREEMENT VOLUNTARILY, FULLY AWARE OF THE RISKS AND MY RELEASE AND WAIVER OF ANY CLAIM AGAINST **Rowland Pony Baseball, Inc.**, ITS EMPLOYEES, AGENTS, BOARD MEMBERS, OR OTHER RELATED ENTITIES.

Athlete Signature: \_\_\_\_\_

Athlete Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature if the Athlete is a minor: \_\_\_\_\_

Parent Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

ROWLAND PONY BASEBALL  
1521 Nogales St., P.O. Box #8726  
Rowland Heights, CA 91748

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*Rowland Pony Baseball is a non-profit organization*



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