



Capital Area Soccer Association

1288 North Mountain Road

Harrisburg, PA 17112-0236

www.casasoccer.org (717) 6523676



CASA COVID-19 Wavier

At Risk Individuals

- If your child is part of a high-risk group (has a pre-existing medical condition including chronic lung disease, moderate to severe asthma, serious heart conditions, immunodeficiency, diabetes, chronic kidney disease, or liver disease), you should consult with your family physician before attending any CASA session.

Symptom Screening and Getting Sick

- If you are sick or feel sick, please do not attend any CASA session or game!
- If an individual indicates that they're experiencing COVID-19 related symptoms or have been exposed to an individual with confirmed COVID-19, they will not be permitted to participate.
- If a player becomes sick during the session, they will be taken off the field, evaluated by a staff member on site, and likely be sent home.
- Players, parents, and staff should self-report to CASA personnel if they have tested positive for COVID-19 or have been exposed to an individual with COVID-19 in the previous 14 days.
- For any player, parent or staff who is considered a "close contact" with a COVID Positive case, it is still recommended each person quarantine for 14 days from last known contact with the positive case. However, quarantine restrictions may end for those who do not develop symptom after 10 days of last known contact without a negative test. If the player, parent or staff receives a negative specimen test, they may return after Day 7 of the last known contact or Day 5 after a negative diagnostic test. Again, symptoms should be monitored for a full 14 days.

COVID-19 Communications

All players, their families, and staff should self-report if they have been diagnosed with COVID-19. If CASA becomes aware of an exposure within the group, a communication will be sent to any individuals who may have had close contact with the infected individual. Privacy will be protected, and no identifying information will be shared within the communication. Additionally, the activity of the group to which the infected individual belonged may be suspended.

INFECTIOUS DISEASE WAIVER

In consideration of being permitted to participate in any CASA event or activity, including, but not limited to, practices, games, programs and related events and activities, the undersigned understands, acknowledges and agrees that:

1. Participation in such events or activities by my child and myself involves the possible exposure to and illness from infectious and/or communicable diseases including, but not limited to, COVID-19, MRSA, influenza, and other infectious or communicable diseases. While adherence to particular rules and requirements may reduce the risk of possible exposure, the risk of serious illness and death remains; and
2. On behalf of my child and myself, I knowingly and freely ASSUME ALL SUCH RISKS, both known and unknown, even if arising from the negligence of the Releasees or others, and assume full responsibility for my participation; and
3. On behalf of my child and myself, I agree to comply with all rules, regulations or conditions established by US Youth Soccer, Eastern Pennsylvania Youth Soccer Association, and the Commonwealth of Pennsylvania for participation in such events or activities; and
4. On behalf of my child and myself, I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS CASA, its officers, officials, agents, employees, Members, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event or activity in which I participate (“RELEASEES”), from and against any and all claims of whatever type or kind including any illness, disability, death, or other loss or damage to person or property, whether arising from the negligence of Releasees or otherwise to the fullest extent permitted by law. Further, I expressly agree that this release is intended to be as broad and inclusive as permitted by the laws of the Commonwealth of Pennsylvania or any other state in which my/our child may participate in any event or activity described herein, and that if any portion of this release is determined to be invalid, the remaining provisions of this release shall continue in full force and effect. Finally, I further state that I have fully and carefully read the above release, understand the contents of the same and sign this release voluntarily and as my own free act and deed.

I HAVE READ THIS RELEASE OF LIABILITY, HOLD HARMLESS AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I, ON BEHALF OF MY CHILD AND MYSELF, HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Child's Name

_____ Date _____
Signature of Parent/Guardian