

# Doing My Part to Keep Dynamics Safe.

I want to do my part to help Dynamics Gymnastics keep my child(ren), their classmates/teammates, the coaches/staff, other families, and everyone else at the gym as safe as possible during the COVID-19 pandemic. I have read, understood, and agree to the following policies and procedures.

*\*Note: Every family must have this agreement on file before a gymnast can participate in activities.*

## ***I understand and agree that:***

- All participants/members/staff/guests will have their temperature checked with a touchless thermometer prior to entering the facility and anyone with a temperature above 99.5 will not be permitted to enter.
- Only one parent or non-participating individual will be allowed to enter the building at the main entrance.
- I am strongly encouraged to wear a mask but not required at all times in the facility.
- I am aware that my child may wear a mask but he or she is not required to do so.
- I will support the social distancing standard of six to ten feet while in the gym.
- Competitive workouts and class start/end times will be staggered to ensure time for the gymnasts to get in and out of the gym safely, to provide time to wipe down the equipment, and for coaches/staff to thoroughly wash their hands.
- My gymnast will have regular opportunities to use the hand sanitizing stations available in all areas of the facility.
- My child will use the restroom and wash their hands thoroughly before leaving home and while at the gym as needed.
- I will have my child wash their hands and feet thoroughly upon arriving back home.
- I agree to keep my child home if they or anyone in my family is coughing, has a temperature over 99.5 degrees, or is exhibiting other COVID-19 symptoms.
- I understand that these procedures will change and evolve over time and that I will follow any new standards required by the state of Minnesota and/or Dynamics Gymnastics Center.

I understand that the coaches, staff, and everyone at the gym will make a strong effort to maintain social distancing but that there will be times when incidental contact and less-than-prescribed physical distancing will occur. I am aware and agree that spotting is an essential part of training my gymnast in order to keep them safe and to prevent injury. I will allow my child to be spotted when spotting is necessary. I further understand that I am voluntarily allowing my child to participate in programs and activities offered by Dynamics Gymnastics Center, knowing that it is impossible to keep them, myself, or anyone else who enters the gym completely safe from exposure to the COVID-19 virus. I accept that risk.

Name of Gymnast(s): \_\_\_\_\_

Print Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_