

**OBSERVER ENTRANCE FORM**

Chaminade College Preparatory is pleased to be permitted to allow parents to observe their student athletes participating in league competitions. The school is taking reasonable measures to prevent the spread of COVID-19 infection, including following applicable State and County public health orders and protocols. However, the possibility of transmission cannot be eliminated. Individuals observing athletic activities will be in an environment that has greater risks than one might typically encountered in daily activities. Such risks include, but are not limited to, sitting in the same area for an extended period with non-household members present.

For the mutual safety of and respect for all present on campus, Chaminade requires that all game observers adhere to the following guidelines when on campus:

1. Observers are limited to two per student athlete household
2. Observers are to properly wear a protective mask while on campus. Guidelines for masks can be found here: <http://publichealth.lacounty.gov/acd/ncorona2019/masks/>
3. Observers may remove their mask from the mouth area when actively drinking, as long as the mask is promptly placed over the mouth when the drink is lowered
4. Observers are not to bring glass drink containers or alcohol onto campus
5. Observers are to maintain at least six (6) feet of physical distance with individuals who are not in the their household
6. Observers are expected to treat others present in a respectful and civil manner

Campus access granted by Chaminade for individuals to observe an athletic competition is a privilege and not a right. As such, Chaminade reserves its right to require anyone to leave its property for behavior it deems inappropriate, including not adhering to the above guidelines.

We ask that you answer the following questions truthfully:

NAME \_\_\_\_\_

RELATION TO ATHLETE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Have you been exposed to anyone who has tested positive for COVID-19 within the last 10 days?

\_\_\_\_\_

Have you travelled outside of the state of California within the last 10 days? \_\_\_\_\_

Have you had any of the following symptoms: \_\_\_\_\_

- |                                   |  |   |
|-----------------------------------|--|---|
| <input type="radio"/> Cough       | <input type="radio"/> Loss of Taste or   | <input type="radio"/> Shortness of Breath |
| <input type="radio"/> Chills      | Smell                                    | <input type="radio"/> Nausea or Vomiting  |
| <input type="radio"/> Muscle Pain | <input type="radio"/> Digestive Problems | <input type="radio"/> Fever               |

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