



KENTUCKY GYMNASTICS ACADEMY

CLUB STANDARDS REGARDING COVID-19

HEALTH CHECK & WAIVER

PLEASE INITIAL EACH STATEMENT, SIGN, AND RETURN TO THE OFFICE.

_____ I am aware that my actions as a parent or legal guardian will impact the safety of others in the Kentucky Gymnastics Academy facility. Kentucky Gymnastics Academy is counting on me and all the other parents and kids to help keep us all safe by meeting the physical-distancing personal hygiene standards recommended by the CDC and the State of Kentucky.

_____ I agree to the conditions presented in the **Club Standards Regarding COVID-19** in order for my child/children to be admitted into the gym for each scheduled practice/class.

Health Questionnaire:

1. Are you feeling sick or had a fever of 100.1 or higher in the last 24 hours?
2. Are you coughing or having any shortness of breath?
3. Have you or a family member been exposed to anyone diagnosed with or suspected of having COVID-19 in the past 14 days?

If you have answered YES to any of the above questions you will need to self-quarantine for 14 days and will not be permitted in the gym until so.

Your signature acknowledges your compliance with the above statement.

ATHLETE(S) _____

Parent/Guardian Signature

Date

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