



As a reminder, below is a copy of the waiver that all participants and volunteers signed in order to register for any Burleson Youth Association season. As the number of Coronavirus cases continue to increase in Texas, Burleson Youth Association, Inc. has incorporated additional measures and protocols for our summer baseball and softball season in order to participate. Please acknowledge that you agree to abide by the rules and regulations set forth below in order to participate in the upcoming season.

- Masks will be required for all spectators and volunteers 10 and older (unless they have a medical condition that prevents them from wearing one) and recommended for everyone over age 2.
- Masks will be required for players 10 and older walking throughout the park and to the dugout until they take the field.
- Spectators will be limited to 2 per player and must walk in with the player.
- BYA recommends that anyone 65 or older or at high risk for COVID-19 do not attend games or practices.
- Bleachers are closed to everyone. Chairs may be brought in by spectators to be spaced 6 feet apart.
- Hand sanitizer will be provided in each dugout and players must sanitize their hands prior to the game and any time they are entering the dugout.
- BYA will provide sanitized game balls for each team prior to the game starting.
- We still encourage good sportsmanship after games, however, we will not be exchanging hand shakes to limit player hand contact. Each team will line up on 1st base side and 3rd base side and clap and wave.
- No sunflower seeds or spitting for anyone.
- Committee members will be scheduled for extra sanitizing, ensuring social distancing, and that spectators are wearing masks in the park.
- In the event a player is diagnosed with or comes in contact with a positive case, BYA will immediately notify and work with the City of Burleson Public Health Authority.

**Parents, Coaches, Team Parents Agree To:**

- Screen the participant before attending any game or practice for any of the following new or worsening signs or symptoms of possible COVID-19. Symptoms include:
  - Cough
  - Shortness of breath or difficulty breathing
  - Chills
  - Repeated shaking with chills
  - Muscle pain



- Headache
- Sore throat
- Loss of taste or smell
- Diarrhea
- Feeling feverish or a measured temperature greater than or equal to 99.5 degrees Fahrenheit
- Known close contact with a person who is lab confirmed to have COVID-19
- If a player or a member of their household exhibits symptoms of COVID-19, the person exhibiting symptoms will be tested for COVID-19 at the City of Burleson testing site and will follow the recommendation of the City of Burleson Public Health Authority regarding returning to team activities.
- If a player or a member of their household is exposed to COVID-19, immediately contact the coach and VP of Baseball or Softball and follow the recommendations of the City of Burleson Public Health Authority regarding participation in team activities.
- Bring hand sanitizer for your child after the game or wash hands immediately.
- Wipe down equipment regularly.
- Each sporting team is considered a cohort. Outside of the sporting event, discourage mixing between cohorts. Therefore, no scrimmages.
- If you see something at a game that needs addressed then please find a committee member on duty. They will be wearing bright yellow shirts.

**Facility Changes:**

- Dugouts will have marked spots for players to stand and sit in order to remain as socially distant as possible.
- Signage throughout the facility reminding everyone to social distance.
- Designated spaces for patrons to wait for concession and restrooms.
- Restroom modifications to sinks and urinals in order to remain socially distant.
- Hand sanitizing/washing stations throughout the park.
- Sneeze guards at concession windows.
- Bleachers closed.



## **COVID-19 RETURN TO PLAY WAIVER- PLAYER/PARTICIPANT**

In consideration of being allowed to participate in any way in the BURLESON YOUTH ASSOCIATION, INC. athletics/sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury and/or illness from the activities involved in the program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist;
2. The risk to have contact with individuals, who have been exposed to and/or have been diagnosed with one or more communicable diseases, including but not limited to COVID-19 or other medical conditions, diseases, or maladies does exist, and it is impossible to eliminate the risk that I could be exposed to and/or become infected through contact with or close proximity with an individual with a communicable disease;
3. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE releases or others, and assume all full responsibility for my participation;
4. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and
5. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS THE BURLESON YOUTH ASSOCIATION, INC., the CITY OF BURLESON, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of the premises used to conduct the event ("releases"), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE releases OR OTHERWISE.
6. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, BEFORE ACKNOWLEDGING THE CHECKBOX BELOW, I FULLY UNDERSTAND IT'S TERMS, I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY AGREEING TO IT ON MY OWN BEHALF OR ON BEHALF OF THE YOUTH PARTICIPANT ASSOCIATED



WITH THIS GUARDIAN ACCOUNT, AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

**ACKNOWLEDGEMENT BY ADULT VOLUNTEER PARTICIPANT:** By acknowledging and agreeing to the checkbox below, I agree and verify the following:

- 1) I consent and agree to assume the risks of participation in these programs; and
- 2) that I specifically agree to the release as provided herein of all the Releases, and, for myself, my heirs, assigns and next of kin, I release and agree to indemnify the Releases from any and all liabilities incident to my involvement or participation in these programs EVEN IF ARISING FROM THE NEGLIGENCE OF THE releases OR OTHERWISE.

**ACKNOWLEDGMENT BY PARENT(S) AND/OR LEGAL GUARDIANS OF YOUTH PARTICIPANT(S):** By acknowledging and agreeing to the check box below, I agree to and verify the following:

- 1) I am the parent or legal guardian for the youth participant associated with this guardian account,
- 2) that the date of birth of the youth participant associated with this guardian account is correct,
- 3) that as parent/legal guardian with legal responsibility for this youth participant, I consent and agree to assume the risks of his/her participation in these programs; and
- 4) that I specifically agree to his/her release as provided herein of all the releases, and, for myself, my heirs, assigns and next of kin, I release and agree to indemnify the releases from any and all liabilities incident to this youth participant's involvement or participation in these programs as provided above EVEN IF ARISING FROM THE NEGLIGENCE OF THE releases OR OTHERWISE.



In the event that a participant or volunteer shows signs or symptoms of COVID-19, I agree to cease all activity through Burleson Youth Association, Inc. until tested and test results are received. Symptoms include:

1. Cough
2. Shortness of breath or difficulty breathing
3. Chills
4. Repeated shaking with chills
5. Muscle pain
6. Headache
7. Sore throat
8. Loss of taste or smell
9. Diarrhea
10. Feeling feverish or a measured temperature greater than or equal to 99.5 degrees Fahrenheit
11. Known close contact with a person who is lab confirmed to have COVID-19

I agree to abide by the policies set forth by Burleson Youth Association, Inc. I agree to use the testing site in Burleson should I need to be tested for COVID-19 in order for Public Health Authorities to adequately conduct timely contact tracing. Furthermore, should a BYA player or volunteer come in close contact with someone who has tested positive for COVID-19, I agree to not have any contact with players or volunteers during the quarantine period as outlined by Public Health Authorities.

If you or anyone in your household has come in contact with anyone that has tested positive for COVID-19, you must contact your head coach and at least one of the following:

Vice President of Softball: Julie Cottongame at [julie@bya.org](mailto:julie@bya.org)  
Vice President of Baseball: Patrick Thayer at [baseball@bya.org](mailto:baseball@bya.org)  
President: Ashli Logan at [ashli@bya.org](mailto:ashli@bya.org) or 817-264-7427