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## **CENTREVILLE ATHLETICS**

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### **COVID-19 RELEASE FORM**

In an effort to re-open our school campus safely, we are taking steps to ensure our young people do not have symptoms of Covid-19. We also want to limit exposure as best we can. To do this we are requiring all coaches to “check-in” their athletes to any workout or conditioning session. This check-in will be a series of questions along with a temperature check. This recorded information will be kept on file with the athletic department.

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_

do hereby consent to Centreville Public Schools checking my child for symptoms of COVID-19. In doing so, I understand that my child may be asked to leave campus if signs or symptoms of COVID-19 are present and understand that by asking my child to leave it may be implied by others that my child has COVID-19. I release the school from any liability that this inference may cause.

Parent Signature: \_\_\_\_\_

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

### **OFF-SITE WORKOUT RELEASE FORM**

I give my student-athlete permission to attend off-site workouts led by a coach that would take the team off of the campus of Centreville Public Schools.

Parent Signature: \_\_\_\_\_

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