

Wethersfield GeorgeD. Ritchie Soccer Club

Date: _____

This is to certify that I, _____ have read and understand the COVID-19
(Parent Name)

Guidelines for the WGDRSC.

I certify that I will adhere to and abide by the rules and guidelines set forth by WGDRSC.

I understand that the rules will be strictly enforced and must be followed for the safety of all participants.

Rules include, but are not limited to:

1. Always having a mask
2. Social distancing (for parents, spectators and players when appropriate)
3. No congregating in parking areas/field

I understand that the Wethersfield George D. Ritchie Soccer Club requires that players must abide by the rules of the club and parents must also do their part for the safety and well being of all involved. Failure to abide by these rules and guidelines will result in, but not limited to, missing a practice or missing a game.

This form must be signed and returned to the head coach of your child's team **by** the first practice of the 2020 Fall season.

(Print name of Player, Team, Coach Last Name)

(Print Name of Parent or Guardian)

(Signature of Parent or Guardian)

(Signature of Safety Director)