



Doing My Part to Keep Flips Gymnastics Center Safe

I want to do my part to help Flips Gymnastics Center keep my child(ren), their classmates/teammates, the coaches/staff, other families, and everyone else at the gym as safe as possible during the COVID-19 pandemic. I have read, understood, and agree to the following policies and procedures.

**Note: Every family must have this agreement on file before a gymnast can participate in activities.*

I understand and agree that:

- Only one parent or non-participating individual will be allowed to enter the building at the main entrance.
- I am required to wear a mask at all times in the facility.
- I am aware that my child must wear a mask upon entering or exiting the facility but he or she is not required to do so during class.
- I will support the social distancing standard of six to ten feet while in the gym.
- Competitive workouts and class start/end times will be staggered to ensure time for the gymnasts to get in and out of the gym safely, to provide time to wipe down the equipment, and for coaches/staff to thoroughly wash their hands.
- My gymnast will have regular opportunities to use the hand sanitizer.
- My child will use the restroom and wash their hands thoroughly before leaving home and while at the gym as needed.
- I will have my child wash their hands and feet thoroughly upon arriving back home.
- I agree to keep my child home if they or anyone in my family is coughing, has a temperature over 100 degrees, or is exhibiting other COVID-19 symptoms.
- I understand that if my child exhibits any of the above symptoms or other flu-like symptoms (including but not limited to runny nose, coughing, etc) they will be asked to leave immediately.
- I understand that these procedures will change and evolve over time and that I will follow any new standards required by the state of Connecticut and/or Flips Gymnastics Center.

I understand that the coaches, staff, and everyone at the gym will make a strong effort to maintain social distancing but that there will be times when incidental contact and less-than-prescribed physical distancing will occur. I am aware and agree that spotting is an essential part of training my gymnast in order to keep them safe and to prevent injury. I will allow my child to be spotted when spotting is necessary. I further understand that I am voluntarily allowing my child to participate in programs and activities offered by Flips Gymnastics Center, knowing that it is impossible to keep them, myself, or anyone else who enters the gym completely safe from exposure to the COVID-19 virus. I accept that risk.

Name of Gymnast(s): _____

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____