

AZ Playball Covid-19 Coach & Administrator Certification

(Signatures required before any league participation)

I _____ hereby certify that I have read and understand all of the AZ Playball COVID-19 protocols, waivers, and safety measures that have been provided to me via email, and that are posted on the AZ Playball website.

I further certify that I take full responsibility for making sure that all of the players, coaches, and families are aware of all of the COVID-19 protocols, waivers, and safety measures.

I further certify that I will take full responsibility to make sure that all of the protocols and safety measures are followed by all of the players, coaches, and family members on my team and that I will not allow any player to participate in any team activities until the player and his/her parent/guardian has signed all of the necessary COVID-19 waiver and protocol forms.

I further certify that I will require every player and their parent/guardian to notify me immediately, and then I will notify AZ Playball immediately, if any player has contracted the COVID-19 virus or if that player has been in contact with any person that has contracted the COVID-19 virus.

I further certify that at any AZ Playball practices, that until games are permitted by the governing bodies or AZ Playball, I will not allow or conduct any scrimmage games or joint practices with other teams. I understand that failure to comply with this restriction, will result in immediate suspension from the league and forfeiture of all league fees.

I further certify that at every AZ Playball practice and game, that there will be at least one person who is designated as the safety/sanitation representative for our team who will ensure:

- 1) All safety and sanitation protocols are followed
- 2) COVID-19 screening questions & temperature checks performed by parents/guardians immediately prior to game or practice
- 3) Keeping attendance records,
- 4) Providing hand sanitizer (minimum 60% alcohol) or soap and water
- 5) Maintaining proper sanitation/disinfection of all equipment and shared services.

I further certify that I understand and will inform all of the players/parents on my team that if any player on my team contracts the COVID-19 virus or comes into contact with anyone who has contracted the COVID-19 virus, that my team will not be allowed to have any AZ Playball practices or games for a period of 14 calendar days from the date that the player contracted the virus or came into contact with another person who had contracted the virus.

I further certify that I understand that any games or practices that are missed due to the COVID-19 situation or governmental requirement will be made up if feasible, but the possibility exists that they will not. However, games may be re-scheduled through December or even into January 2021 if necessary or if that helps your team's situation.

I further certify that I understand that once practices begin, if the season is not completed due to Covid-19 or governmental requirement, any team refunds/credits will reflect deductions for league overhead (approx. \$650 per team) and \$30 for each assigned practice and \$110 for each game played prior to shut down.

Coach/Admin Signature _____ Date _____

Name _____ Team Name _____ Division _____