

# **Tumble Star Summer Workout Protocols**

**Updated 6/25/21**

**Student's Name:** \_\_\_\_\_

As a parent of an All-Star Student, I want to do my part to keep my child, his/her classmates, coaches and other families as safe as possible while at the gym.

## **I understand and agree that:**

- \* I will make sure that my child is well and without a temperature before bringing him/her to the gym for class.
- \* My child will not come to the gym if he/she has a temperature, has been in contact with a person diagnosed with COVID-19 or who is being tested for the virus; if my child or any family member living with him/her has been instructed to quarantine.
- \* My child and I will enter at the front door of All-Star Gymnastics.
- \* It is not required at this time for my child to wear a mask; but he/she has the option to wear a mask if so desired.
- \* A Staff Member will greet my child at the door.
- \* Once class begins my child will have his/her hands sprayed with hand sanitizer before entering the gym for class.
- \* I will pick my child up in the Waiting Room at the end of class..
- \* Only 1 parent will be allowed in the All-Star facility and will always wear a face mask unless he/she has been fully vaccinated.
- \* Viewing from the Waiting Room will be limited. Chairs and bathrooms will not be available at this time for parents.
- \* Class Start and End Times may be staggered in order to insure time for gymnasts to enter and leave the building safely and also allow for staff to clean and disinfect equipment between each practice and for coaches to thoroughly wash their hands.
- \* Hand Sanitizing Stations are located throughout the facility.
- \* My child will have his/her clearly marked "String Bag" with him/her at practice to keep his/her possessions in. (ie: water, flip flops)
- \* I understand and agree that these Protocols may change over time to insure the safety of everyone. I will follow any new standards required by the Board of Health, the Commonwealth of Massachusetts and/or All-Star Gymnastics.

I am voluntarily allowing my child to participate in the programs and activities offered by All-Star Gymnastics, knowing that it is impossible to keep him/her, myself or anyone else entering the facility, safe from exposure to any infectious disease. I voluntarily affix my signature to express my understanding and acceptance of these protocols.

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Parent's Signature

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Date