



LET'S GO PLAY!

TOT SPORTS SAMPLER AT RICHMOND PROGRAM CENTER

WEDNESDAYS, 6-7 PM

SEPTEMBER 16-OCTOBER 14

Experience a selection of youth sports at our Richmond Program Center. Children ages 3-5 will learn the fundamentals of each sport, develop basic skills, and have FUN! **PLEASE NOTE: Parent participation is required.**

SPORTS OFFERED INCLUDE...

Soccer ★ Football ★ Baseball

Floor Hockey ★ Yoga and Stretching

PRICING

\$55 for Y Members*

\$70 for non-members*

*\$10 late fee will be assessed on registrations received after September 6.

For more information & enrollment, please contact Alec Heckman,
Program Director at aheckman@ymca-berkscounty.org or call 610-944-6515





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COVID-19 Safety Plan Tots Sports Sampler Program

BACKGROUND:

This plan is designed to help the YMCA program area staff employ a thoughtful approach to Tot Sports Program that ensure the health and safety of staff and members. This plan is designed using guidance from the CDC and The Department of Health.

TRANSMISSION AND SYMPTOMS OF COVID-19:

COVID-19 is mostly spread by respiratory droplets released when people talk, cough, or sneeze. It is thought that the virus may spread to hands from a contaminated surface and then to the nose or mouth, causing infection. Therefore, prevention practices and environmental cleaning and disinfection are important principles.

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear **2-14 days after exposure to the virus**. People with these symptoms may have COVID-19:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

STEPS TO HELP PREVENT COVID-19 IF YOU ARE SICK:

If you are sick with COVID-19 or think you might have COVID-19, follow the steps below to care for yourself and to help protect other people in your home and community. Stay home except to get medical care.

Stay home. Most people with COVID-19 have mild illness and can recover at home without medical care. Do not leave your home, except to get medical care. Do not visit public areas.

YMCA OF READING & BERKS COUNTY

631 Washington Street, Reading, PA 19601

P 610-378-4700 F 610-378-4702 www.ymca-berkscounty.org



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Take care of yourself. Get rest and stay hydrated. Take over-the-counter medicines, such as acetaminophen, to help you feel better.

Stay in touch with your doctor. Call before you get medical care. Be sure to get care if you have trouble breathing, or have any other emergency warning signs, or if you think it is an emergency.

Avoid public transportation, ride-sharing, or taxis.

Separate yourself from other people

As much as possible, stay in a specific room and away from other people and pets in your home. If possible, you should use a separate bathroom. If you need to be around other people or animals in or outside of the home, wear a cloth face covering.

WHEN TO SEEK EMERGENCY MEDICAL ATTENTION

Look for emergency warning signs for COVID-19. If someone is showing any of these signs, seek emergency medical care immediately:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face

This list is not all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you. Call 911 or call ahead to your local emergency facility: Notify the operator that you are seeking care for someone who has or may have COVID-19.

POINT OF CONTACT

The primary point of contact for this plan is:

Tri Valley YMCA
Branch Executive Director
Brandon Shurr
610-944-6515
bshurr@ymca-berkscounty.org

Tri Valley YMCA
Program Director
Alec Heckman
610-944-6515
aheckman@ymca-berkscounty.org



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**WHEN PARTICIPATING IN THE TOTS SPORT SAMPLER PROGRAM,
THE FOLLOWING GUIDELINES WILL APPLY:**

1. Participants over the age of two years and parents will wear face coverings at all times unless doing so jeopardizes your health.
2. All Tot Sports participants and parents will check in at the shed, located at the back fields, prior to the start of the program. Each guest will sign in and agree to health and temperature screens upon the start of each session. All program participants are required to complete a Covid-19 Waiver on their first visit.
3. Participants and parents are required to wash/sanitize hands upon arrival and after their session ends. Members will use the restroom closest to the program area.
4. Hand sanitizer will be available. Please use regularly to minimize the spread of germs.
5. If a participant or parent falls ill during a scheduled session, the session will end immediately. The ill person will be asked to leave the facility immediately.
 - a. Every effort will be made to isolate the ill individual from others, until the member can leave.
 - b. Ill individual will be asked to contact their physician or appropriate healthcare professional for direction and may need a note to return to the program.
6. Tots are encouraged to social distance as much as possible. Guests who ARE NOT ACTIVELY PLAYING MUST wear masks and maintain social distancing while on the sidelines. PLEASE DO NOT CONGREGATE OR SOCIALIZE BEFORE and AFTER YOUR PROGRAM CONCLUDES!
 - a. Only one parent may accompany the child and no other siblings may be present.
 - b. Please do not check in earlier than 10 minutes before your scheduled program.
7. Water fountains will not be available for use. Program participants are expected to bring their own water.
8. The YMCA will provide all equipment. Equipment including balls, rubber dots, hurdles, etc. All equipment will be cleaned and sanitized BEFORE and AFTER each class. Please DO NOT bring equipment from home unless otherwise specified by the program director.
9. The YMCA staff will fulfill cleaning requirements.
 - a. Staff will disinfect chairs, common-use areas, equipment, etc. BEFORE and AFTER the end of their session.
 - b. Cleaning & disinfecting will be recorded and posted outside the court area.
 - c. Floors will be cleaned at the end of each day by YMCA staff for indoor programs.

I agree to and understand the above guidelines for the Tots Sports Sampler Program, provided by the YMCA of Reading & Berks County.

Participant Name: _____ Parent Name _____

Date: _____ Parent Signature: _____



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RESOURCES:

Centers for Disease Control and Prevention

<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

PA Department of Health

<https://www.health.pa.gov/Pages/default.aspx>

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TRI VALLEY YMCA Sport Sampler

Parent/Tot – Parent & 3-5 years old

This sport sampler (Soccer, Football, Baseball, Floor Hockey, Yoga/Stretching) clinic will focus on teaching fundamentals and skill development. Practices will be played at Richmond Program Center I. In the event of inclement weather, we will postpone and make up at the end of the session.

Dates: September 16th, 2020 – October 14th, 2020 Rain Make Up October 21st

Deadline: September 6th, 2020 (\$10.00 late fee will be assessed after this date)

Location: Richmond Program Center
14432 Kutztown Rd.
Fleetwood, PA 19522

Fee: YMCA Member \$55.00 Non-Member \$70.00

Information: Parent packets will be emailed no later than Monday **September 14, 2020**

Contact: Alec Heckman Program Director 610-944-6515 aheckman@ymca-berkscounty.org

Name of Player: _____ Age: _____ Birthday: _____

T-shirt size (circle one): YS YM YL AS Gender (please circle): Male / Female

Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian: _____

E-mail: _____ Phone: _____

Parent/Guardian: _____

E-mail: _____ Phone: _____

Financial assistance is available to ensure that everyone can participate in YMCA services regardless of ability to pay. Return completed forms to:

Tri Valley YMCA, 607 Crisscross Rd, Fleetwood, PA 19522

***Registration is non-refundable*

Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT YOU ARE RELEASING [THE YMCA OF READING & BERKS COUNTY] FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFOR

Assumption of Risk

I, in my legal capacity as parent/guardian of the minor named below (“Minor”), acknowledge and agree that any use of [THE YMCA OF READING & BERKS COUNTY] facilities, services, equipment and premises (“Facilities”) and any participation in [THE YMCA OF READING & BERKS COUNTY] programs and activities (“Programs”) comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease including, without limitation, COVID-19. I voluntarily, for myself and Minor, accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of Minor’s use of Facilities and participation in Programs I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor that [THE YMCA OF READING & BERKS COUNTY], its officers, directors, agents, employees, volunteers, insurers and representatives (“Releasees”) will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by Minor, however occurring including, but not limited to, the negligence of Releasees. I understand that Minor and I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs.

I further agree, in my legal capacity as the parent/guardian of Minor, on behalf of Minor, myself, and any and all legal successors and proxies, to release and **HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE** Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which Minor, myself, and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, disease or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to, the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs.

Minor Name (Print Clearly)

Date

Parent/Guardian Signature

Parent/Guardian Name (Print Clearly)

Adult Participant Release & Waiver of Liability and Indemnity Agreement

PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT YOU ARE RELEASING THE YMCA OF READING & BERKS COUNTY FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFOR

Assumption of Risk

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Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of the use of Facilities and participation in Programs I, the undersigned, agree that **THE YMCA OF READING & BERKS COUNTY**, its officers, directors, agents, employees, volunteers, insurers and representatives (“Releasees”) will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by myself, my family members, dependents, or guests, including minors, however occurring including, but not limited to the negligence of Releasees. I understand that I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs.

I further agree, on behalf of myself and any and all legal successors and proxies, to release and **HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE** Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, diseases or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I agree to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs by myself, my family members, dependents or guests, including any minors.

Participant Signature

Participant Name (Print Clearly)

Date