**Athletics Conditioning/Practice Contact Information**

In the event of a positive case, Perspectives must contact all individuals who may have been exposed to COVID-19. Please provide the below information to support contact tracing and ensure the safety of all participants in **athletics** programming.

Note to Staff:

* This information is required for participation in athletic programs from all students and staff. For each student participant, at least one parent or legal guardian must complete this form.
* If this form is completed on paper, it must be entered electronically via the Google Form the same day.

What is the name of the school at which you or your child are participating in athletics programming?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Name (First, Last):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your role? (circle one) Parent // Staff

If you are a parent, what is the name of your child? If Staff, list N/A.

Name (First, Last): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone Number(s)** -- please provide at least one, current phone number

Home // Work // Cell (circle one): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the student-athlete’s grade level? If Staff, circle staff (circle one)

Freshman // Sophomore // Junior // Senior // Staff

What is your Student or Staff ID number?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing my name below, I authorize Perspectives to contact me in the event of an emergency via email or phone.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_