

# George P. Butler **Comprehensive High School**

2011 Lumpkin Road Augusta, GA 30906 706-796-4959 9office) 706-796-47809 (fax)

Dr. Stacey Mabray, Principal mabrast@boe.richmond.k12.ga.us



Dawn Phillips, Asst Principal phillda@boe.richmond.k12.ga.us

Kimberly Rouse, Asst Principal matheki@boe.richmond.k12.ga.us

## Dear Parent(s)/Guardian(s)

Butler High School will resume athletic conditioning on the week of June 15, 2020. Each coach will set a specific schedule for activities & workouts in accordance with the prescribed policies. In this packet you will find:

- 1. Georgia High School Association (GHSA) Guidance for returning to conditioning on June 8, 2020, with Infectious Disease Plan for COVID-19
- 2. GHSA Workout Questionnaire
- 3. COVID-19 Coach/Athlete Monitoring Form
- 4. Return to Voluntary Conditioning Acknowledgment Form

To provide a means to open conditioning for athletes for member schools of the GHSA, certain documents have been shared with each coach, employee or volunteer who will be involved in helping to conduct or supervise such voluntary conditioning activities. As the data related to COVID-19 continues to evolve, the restrictions may change after input from health care professionals and guidance from the Office of the Governor. The four attachments to this letter have been read by each of the coaches and volunteers in this school who will assist with voluntary conditioning activities, and they will follow these guidelines when supervising voluntary conditioning activities to help ensure a safe environment for the athletes.

The appropriate coach also has shared this information with the athletes. In an effort to improve the voluntary conditioning activity environment, this letter and the attachments listed above are being sent to the parents and guardians of each school's athletes so that they will be aware of the new guidance, restrictions and requirements.

As principal for this school, I have read with understanding the documents listed above. I have shared these documents with all supervising coaches and volunteers, who will follow these guidelines.

Each coach or volunteer has been given the opportunity to ask any questions they may have regarding the above documents and the return to voluntary conditioning with restrictions. As new data and guidance is received, restrictions may be reduced or increased, to help continue a safe environment. I am happy to share this information with you and will be happy to answer any questions you may have. My staff and I look forward to working with your athlete.

Sincerely,

Stacey Mabray, Ed.D.

Principal



DR. JAMES R. HINES, JR., Executive Director POST OFFICE BOX 271 151 S. BETHEL STREET THOMASTON, GA 30286-0004 TELEPHONE 706-647-7473 FAX 706-647-2638 www.dhsa.net ERNIE YARBROUGH, Asst Executive Director STEVE FIGUEROA, Media/Information Services DON CORR, Associate Director KEVIN GIDDENS, Associate Director PENNY PITTS MITCHELL, Associate Director TOMMY WHITTLE, Associate Director CARROR WRIGHT, Associate Director



## **HIGH SCHOOL ASSOCIATION**

# Guidance for returning to conditioning on June 8, 2020 with recommendations and/or restrictions

- ➤ All summer work is voluntary.
- > Schools/ School Systems may be more restrictive than the GHSA but not less.
- Workouts are conditioning only, no balls or sport specific equipment.
- ➤ Member schools should prepare an Infectious Disease Prevention Plan prior to staff and athletes returning to conditioning.
- ➤ It is recommended that staff and athletes are screened prior to each workout (see sample monitoring form attached).
- > Signage should be posted on site with the following:
  - Do you or have you had a fever in the last week?
  - Have you been diagnosed with COVID-19?
  - Have you been in contact with anyone diagnosed with COVID-19?
  - Have you traveled to a "hot spot" for COVID-19?
- Groups of 20, including coaches, for workouts **per sport** at any given time at the campus/facility.
- ➤ Groups should be the same individuals (including coaches) for each session to limit risk of exposure. Student or coaches CANNOT change groups for the duration of this guidance.
- ➤ No use of locker rooms or shower facilities. Students should report to the facility dressed to condition and shower at home.
- ➤ Weight equipment should be cleaned prior to each workout and sanitized between use by each student.
- ➤ Hand sanitizer should be plentiful and readily available.
- ➤ Each student should have their own personal water bottle. No use of water fountains or "water cows" is allowed.
- > Side spots only in weight training, safety bars are preferred.
- Social distancing should be adhered to always and masks/face covering are recommended for the weight room.
- At least 15 minutes should be scheduled between groups to allow for disinfecting the facility.
- There is no competition allowed between schools.
- ➤ No visitors are allowed at conditioning sessions.

Recommendations and restrictions are fluid and subject to change. Safety must be our top priority.



- Athletes should answer the questions below before being allowed to workout. If the answer is yes to any of the questions below, the athlete should not participate in any workouts for a 14-day period.
  - o Do you or have you had a fever in the last week?
  - o Have you been diagnosed with COVID 19?
  - o Have you been in contact with anyone diagnosed with COVID 19?
  - o Have you traveled to a "hot spot" for COVID 19?

# COVID-19 Coach/Athlete Monitoring Form

School Name	t	
School	Sport	Date

							Circle Yes/No below	No below						
												Close contact, or cared for	ontact, ed for	Temperature
Name	Time	5	Fever	Cough	lgh	Sore Throat	hroat	Shortness of Breath	ess of ath	Recent Loss of Taste or Smel	Recent Loss of Taste or Smell	someone with COVID-19	ne with D-19	(if higher than 100.3 F)
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
		Yes	oN	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	

Coach's Signature

## **Return to Voluntary Conditioning Acknowledgment Form**

Richmond County Board of Education
Return to Voluntary Conditioning Guidelines

As an athlete within the Richmond County School System, as defined by the Georgia High School Association, I have received notice that I may return to voluntary conditioning activities beginning Monday, June 8, 2020. I understand the Richmond County Board of Education seeks to ensure a safe environment for conditioning activities and that guidelines were prepared by the Georgia High School Association to govern this voluntary return to conditioning.

To prepare for a safe return to voluntary conditioning, I have read and understand the expectations set forth in the Infectious Disease Plan for COVID-19, developed by the Governor's office, CDC and GHSA and the additional expectations set forth in the GHSA Workout Questionnaire. Furthermore, I understand there will be utilized daily a COVID-19 Coach/Athlete Monitoring Form to assist in monitoring whether I exhibit any symptoms of the COVID-19 virus or have experienced a high risk of potential exposure. Additionally, I have had the opportunity to ask questions and receive answers concerning the guidelines.

Therefore, having read the documents mentioned above, and having been given the opportunity to ask questions regarding the guidelines, I agree to the best of my ability to follow these guidelines as I participate in voluntary conditioning activities so as to assist in maintaining a safe environment for all athletes and supervisors participating in the voluntary conditioning activities.

## **Release and Acknowledgement:**

Coaches, employees, and other designated individuals supervising these voluntary athletic conditioning activities are expected to use their training, personal judgment, and discretion. Nothing herein shall create any ministerial act to be performed.

In accordance with state law, no person shall have a cause of action for any loss or damage caused by any act or omission resulting from the implementation of this document and acknowledgement form, or its implementing procedures or resulting from any training, or lack thereof, required by state law. The training, or lack thereof, required by the provisions of state law shall not be construed to impose any specific duty of care. Neither the training nor the procedures are designed to impose ministerial duties but to provide a framework in which educators can exercise their professional judgment in the best interest of students.

In consideration of the Richmond County Board of Education allowing the return to voluntary conditioning activities, I understand that conditioning activities, as well as the existence of the COVID-19 virus, include certain inherent risks that have the potential to cause severe injury or death, including, but not limited to, those risks created by nature of the activity, acts of nature, the natural environment, equipment failure and/or malfunction, as well as the negligence of myself or another. Understanding these risks, I am assuming the risk of participating in these voluntary conditioning activities and to the extent allowed by law, hereby agree to indemnify, hold harmless, release, waive and discharge the Richmond County Board of Education, its Trustees, Employees, and Agents from and against any and all claims, demands, causes of actions, penalties, losses or damages, of any kind or nature including injury or death to persons and damage to property, based upon, resulting from, arising out of, or in any way incident to or related to the above referenced voluntary conditioning activities.

### THIS FORM MUST BE SIGNED AND RETURNED PRIOR TO CONDITIONING

Student Athlete Name:	Sport:	
Parent Signature:	Date:	
Student Signature:	Date:	