

## **Keep Legends Gymnastics Safe & Open Certificate of Compliance for Traveling Families**

To help ensure the safety and health of all Legends gymnasts, families, coaches and staff, we are asking you to complete this certificate related to vacations and travel. We need your help to keep our facility open by doing your part to follow the Massachusetts "Safer at Home" advisory as well as state guidelines on travel, social distancing etc. We are asking families to check the state guidelines for the current list of "lower-risk" states and to complete this certificate before returning to gymnastics. If you are traveling outside any of the "lower-risk" states, you do not have to complete this certificate.

This travel compliance policy aligns with the Massachusetts Office of the Governor's guidance.

As of 11/18/20 the list of COVID-19 lower risk states includes: Hawaii and Vermont. Travel outside any of these states would require completion of the state and Legends travel form.

### **Legends Gymnastics asks you to review and attest to the following upon your return to MA and prior to returning to gymnastics:**

1. I certify that all members of my household have not experienced or displayed any of the following COVID-19 symptoms in the last 24 hours:
  - o Fever or chills
  - o Sore throat, cough, shortness of breath, or other respiratory symptoms
  - o Muscle aches, severe fatigue, or chills
  - o Changes in taste or smell
2. I certify that all members of my household have not had close contact with anyone over the last 14 days who is confirmed to have COVID-19.
3. I certify that ONE of the following is true **(PLEASE CHECK ONE)**:

I have received a negative test result for COVID-19 on a specimen taken no longer than 72 hours prior to my return to Legends consistent with MA state guidance.

**OR**

I will quarantine for 14 days upon arrival in Massachusetts

**OR**

I have completed a 14-day quarantine in Massachusetts following my travel

4. I also certify that all persons in my care who are under the age of 18, or who are dependent on my care, meet the criteria described in items 1 and 2. Please provide the name(s) of your gymnast(s).

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

5. I have read and understand this entire Certificate of Compliance and agree the certifications made above are accurate. Families may be asked to furnish proof of the negative test result upon request.

Dated: \_\_\_\_\_ in \_\_\_\_\_

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Additional Persons from the Same Household (Optional):

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

\*\*This form to be kept on file for 30 days.