

## **Crusader Acknowledgement and Pledge**

All members of South Aiken Baptist Christian School have an important role to play in keeping our fellow students and the community safe by doing our part to stop the spread of COVID-19. As a student at SABCS, I know that I must take steps to stay well in order to protect others and promote a safe return to school for all Crusaders. Because of this, I pledge to take responsibility for my own health and help stop the spread of the COVID-19.

South Aiken Baptist Christian School's highest priority is the safety of its students, faculty, staff, and visitors. I know that by participating in sports and recreation, I may be exposed to COVID-19 and other infections. I also understand that despite all reasonable efforts by the school, I can still contract COVID-19 and other infections. In order to reduce my risk, I agree to be an active participant in maintaining my own health, wellbeing and safety, as well as the safety of others, by following all the guidelines and expectations outlined by administration.

As more information is gathered and known, I understand that South Aiken Baptist Christian School may modify these guidelines and expectations. It is my responsibility to make every effort to keep myself apprised of these changes to protect myself and the community. It is my Crusader Pledge to protect myself, my peers, and the SABCS community by doing the following:

- Agree to testing for COVID-19 and potential subsequent self-quarantining if I am identified as a contact of anyone who has been determined to be positive for COVID-19.
- If I test positive for COVID-19, I agree to self-quarantine in a designated location until:
  - o My symptoms have resolved
  - o It has been at least ten days since the start of my symptoms
  - o I have a negative COVID-19 test result.
- Timely report any known or potential exposures to COVID-19 to the Athletic Staff.
- Monitor for the following symptoms:
  - o A fever of 100.4°F or higher
  - o Respiratory symptoms, such as dry cough or shortness of breath
  - o Sore throat
  - o Headache
  - o Body aches
  - o Chills
  - o Loss of taste or smell
  - o Please note that up-to-date symptoms can be found at:  
<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>
- If I develop the above symptoms, to contact the athletic director, and to follow the medical staff's instructions which may include being tested for COVID- 19 and self-quarantining while the test results are pending, and/or being evaluated by the Athletic Staff.
- Stay at home if I am feeling sick.
- Consider getting a flu vaccination.
- Participate fully and honestly with the Athletic Staff for contact tracing to determine whom I might have potentially exposed to COVID-19.

- Wear a mask or the appropriate PPE in all public spaces where social distance cannot be maintained.
- Practice physical distancing as much as possible.
- Frequently wash and/or sanitize my hands.
- Keep my personal space, shared common space, and my belongings clean.

I understand COVID-19 is a highly contagious virus and it is possible to develop and contract the COVID- 19 disease, even if I follow all of the safety precautions above and those recommended by the CDC, local health department, and others. I understand that although the school is following the coronavirus guidelines issued by the CDC and other experts to reduce the spread of infection, I can never be completely shielded from all risk of illness caused by COVID-19 or other infections.

I have read, understand, and agree to comply with my Crusader Pledge above. I also acknowledge that these expectations and pledge are a condition of my participation in South Aiken Baptist Christian School Athletics and that any failure to comply with my Crusader Pledge above may lead to immediate removal of athletic participation privileges and/or the inability to use athletic facilities.

**I take my Crusader Pledge seriously and will do my part to protect South Aiken Baptist Christian School.**

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[STUDENT-ATHLETE SIGNATURE]

\_\_\_\_\_  
Date

\_\_\_\_\_  
[PARENT/GUARDIAN SIGNATURE]

\_\_\_\_\_  
Date