

**Shoreline Community College – Athletic Department  
Coaches & Student-Athletes  
Return to Campus & Return To Practice  
Acknowledgement/Agreement and Compliance Form**

I, as part of the Coaching Staff and/or a Student-Athlete for Shoreline Community College, acknowledge that I have read the following and agree to adhere to the below bullet points during the Return to Campus and Return to Practice time which begins November 2, 2020 and ends November 20, 2020.

- I have read the Shoreline Community College Athletics COVID-19 Handbook, and I agree to adhere to comply to the college, the NWAC, to the local and state Department of Health Authorities guidelines and Governor Inslee’s requirements as a coach or student of Shoreline Community College.
- It is understood that practices begin November 2, 2020 and end November 20, 2020. Practices will be Monday through Friday, only on set days (**NO WEEKENDS PRACTICES**) under this agreement.
- I have been through the COVID-19 NWAC Trainings for Coaches/Student-Athletes. In addition to these trainings, I have gone through the first-day training video ([training video](#)) provided by Katelyn Eggiman from Shoreline Community College.
- There will be a weekly refresher PowerPoint each week with any updates that I agree to participate in weekly.
- It is understood that I will not be permitted to use any other facilities in the gym except for the facilities authorized for our specific sport team, and must adhere to the all protocols designed for me, the coaching staff and my teammates health safety.
- I understand that if I am sick I must contact my head coach, who will report to the Athletic Director, and I must stay home until I am better.
- I will be committed to assist with all cleaning duties during the time I am practicing as designed by Plant Operations, and as trained to do by my coaches.
- I agree to sign in and out as designed by Shoreline Community College.
- I agree and acknowledge to provide all eligibility paperwork before I can participate in practice during this time.
- I agree to weekly COVID-19 Trainings and Updates provided by our coaches.
- I agree to follow all processes, procedures, guidelines, and will report any symptoms or positive COVID-19 test via the college process immediately. [covid19 exposure report form](#)

Failure to comply with all of the guidelines and requirements set forth by the college will result in the cancellation of Return to Practice.

Coaching Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

Student-Athlete Signature \_\_\_\_\_ Date \_\_\_\_\_