

Exeter Parks & Recreation Department



2020 Modified Fall Little Kicks Soccer

Ages 2 & 3

Parent Handbook



This "Modified Fall Little Kicks Soccer" parent handbook was created from guidelines found in the Safer at Home 2.0 "Amateur & Youth Sports" document, which was created and reviewed by the New Hampshire Department of Health & Human Services and the Governor's Reopening Task

Force. Additional resources and guidance used to create this handbook is from the Centers for Disease Control and Prevention. Throughout this document, you will find our updated policies and procedures, game rules/format, coaches' background consent/release form, EPRD Fall 2020 sports waiver and health screening information.

For additional information, please visit the Exeter Parks & Recreation website or call our office at 603-773-6151.

Program Information

A Coed Youth Soccer program for 2 & 3year olds! The goal for this age group is to introduce them to fundamental soccer activities, physical development, teamwork, self-confidence, communication coordination & most importantly...Have Fun! This will be purely instructional and parents are required to wear a face mask while participating with their child on the field. Let kids be kids!

Age Requirements

Participants must be age 2 or 3 by January 1, 2020.

Coaches

Our programs depend on volunteer coaches, especially in the world we live in today. Each team will require at least two coaches. Due to COVID-19, we are experiencing extreme delays in processing background checks, therefore if you are interested in coaching or co-coaching, please fill out and deliver a background check form to the Parks and Recreation office ASAP! You can find background check forms on our website under the Modified Fall Soccer program page, in this document (background consent/release form), or you can email David Tovey, Recreation Coordinator at dtovey@exeternh.gov.

Coaches' responsibilities include, but are not limited to: 1.) Ensuring each child's health screening questionnaire has been completed within 1 hour of practice start time 2.) Complete a self reported health screening questionnaire within 1 hour of practice 3.) Monitoring children's overall health and report any signs of symptoms to the designated field supervisor and EPRD staff. 4.) Attend training before season starts 5.) Implement adequate breaks for water, hand washing and cleaning/sanitation of shared equipment. 6.) Report any issues with spectators not adhering to social distance guidelines to EPRD staff. 7.) Wear a face mask, covering your nose and mouth, at all times. 8.) Attend training before the season starts.

Arrival

Parents/guardians, no more than 2 adults per child, will arrive by the side parking lot adjacent to Lincoln Street School and head towards the back of the school, where they will be greeted by one of their coaches for a health screening, no more than 10 minutes before your allotted practice/game time. Coaches will be provided with a google form document for their team to record health screening answers. Parents/guardians will also have access to the Google Form document to complete their child(ren)'s health screening questions prior to arrival if the parent/guardian cannot drop off their child (Note: health screening questions must be completed within 1 hour of arrival).

The team's second coach will be on their designated field. Children must wear a face-covering upon arrival and when walking to and from their designated area. Parents are required to wear face coverings and practice social distancing as much as possible during the program. Note, Little Kicks Soccer is a parent/child interactive program. Parents/guardians are required to be on the field to assist their child(ren) and therefore must complete a health screening within 1 hour of arrival. In the event a parent/guardian cannot participate with their child, the parents/guardians must

document who is approved to drop off/participate with their child(ren) in our Modified Fall Sports Information Form, included in this document below. **No parent(s)/guardian(s) from other teams may drop off your child(ren).**

Health screenings will be done for all staff, athletes or volunteers. Health screenings will include a series of questions. Any person with symptoms, reports they have been in contact with someone suspected or confirmed to have had COVID-19 in the past 14 days, or reports travel risk factors will not be allowed into the program area.

Field Supervisor

A dedicated, paid staff member will be present at each location for practices/games to monitor social distancing, monitor health screenings, help with cleaning and sanitation of equipment and distribute first aid supplies when needed. Parks and Recreation staff will assist when needed and to verify policies and procedures are being followed.

Anyone who is interested in applying to become a field supervisor should contact the Parks and Recreation office at 603-773-6151 or email David at dtovey@exeternh.gov.

Practice/Game Rules/Format

Teams (no more than 10 players) will have an entire field to themselves. Each team's arrival and end times will be staggered to ensure social distancing from other teams, spectators, and coaches and also to allow adequate time for cleaning and sanitation. Only students from SAU 16 will be allowed to participate in this year's modified fall sports program. Teams will only meet one day per week with intersquad practices and games. This helps cut down on possible transmission within the entire program if COVID-19 is found within one team.

Each player must bring their own soccer ball and equipment to their practice/game day. If a player forgets theirs or cannot afford one, a sanitized ball will be provided. Any shared equipment provided by coaches, staff or volunteers will be cleaned and disinfected after use. Uniforms are for players to keep at the end of the season and shin guards are required, mouth guards are recommended.

Sidelines will have field markings to designate where players can sit (6 ft. apart from each other) and a designated spectator area will have field markings for social distancing as well. Spectator's designated area will not be in any area that is considered, "in play". Signage for social distancing and face-covering will be placed in these areas. Coaches, staff, players and/or spectators not adhering to our policies will be reported to EPRD staff and repeated offenders will not be allowed to participate or attend for the remainder of the season.

Adequate breaks for water and sanitation will be implemented into the program format. No sharing of water bottles and EPRD will not provide water jugs for refilling. Athletes and coaches are encouraged to bring their own water bottle with their name labeled.

Isolation Area

There will be a designated area at Lincoln St. School for any athlete, coach, spectator, staff or volunteer who begins to display symptoms during a practice or game. This area will be clearly marked and communicated before the season begins and will be located a safe distance from the program. The isolation area will be cleaned and disinfected after someone with symptoms leaves.



EXETER PARKS & RECREATION

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Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. The Town of Exeter Parks and Recreation has created new protocols and put in place preventative measures to reduce the spread of COVID-19; however, EPRD (Exeter Parks and Recreation Department) cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending any program may increase you or your child(ren)s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to, or infected by COVID-19 by attending a EPRD program, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the EPRD program may result from the actions, omissions, or negligence of myself and others, including, but not limited to, EPRD employees, volunteers, and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself including, but not limited to, personal injury, disability, and death, illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)s attendance at the EPRD program. On my behalf, and on behalf of my child(ren)s, I hereby release, covenant not to sue, discharge, and hold harmless Town of Exeter, Parks and Recreation and, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of EPRD, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any EPRD program.

I HAVE READ THIS RELEASE

I HAVE READ THIS RELEASE

date participant's signature

date parent's or guardian's signature
(if participant is legally a minor)

Background Consent/Release Form

Applicant's Legal Name (printed)

Social Security Number _____ Date of Birth _____

Applicant's Address

City _____ State _____ Zip _____

I, _____, authorize and give consent for the above named organization to obtain information regarding myself. This includes the following:

- Criminal background records/information
- Sex Offender Registry Checks
- Addresses
- Social Security Verification

I the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

Print Name: _____ Date: _____

Signature: _____

Please return original form to the office at:
32 Court St
Exeter, NH 03833

For Office Use Only

Coach: _____

Season: _____

Employee: _____

Activity: _____



2020 Modified Fall Sports Information Form

Child's Last Name: _____ First Name: _____

Birthday: _____ Gender: _____ Grade (as of 9/20): _____

Household #1

Household #2

Primary Guardian: _____

Primary Guardian: _____

Relationship To Child: _____

Relationship To Child: _____

Additional Guardian: _____

Additional Guardian: _____

Relationship To Child: _____

Relationship To Child: _____

Address: _____

Address: _____

City: _____

City: _____

State: _____ Zip: _____

State: _____ Zip: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Email: _____

Email: _____

Please Check- If a guardian must be spoken to regarding an issue during program which guardian(s) should be contacted:

Household #1 Primary Guardian _____ Household #2 Primary Guardian _____ Both Primary Guardians _____

Emergency Contact #1

Emergency Contact #2

Name : _____

Name : _____

Relationship: _____

Relationship: _____

Phone #: _____

Phone #: _____

Is this person allowed to Pick-Up the child?

Is this person allowed to Pick-Up the child?

Drop Off Authorization

If there are people **besides** the parents/guardians listed above who have permission to drop off your child(ren), and have your permission to answer the health screening questions please list them here. **NOTE: We will only allow persons whose names appear on this form to answer the health screening questions.**

1. Name: _____ **Relationship To Child:** _____

Address: _____ **Phone:** _____

2. Name: _____ **Relationship To Child:** _____

Address: _____ **Phone:** _____