

**Massachusetts Youth Soccer**  
**Return to Soccer Activity Review and Compliance Waiver**

The undersigned, on behalf of the player identified below, hereby represents, warrants and acknowledges that I have read and understand my responsibilities as a Parent/Guardian according to the [Massachusetts Youth Soccer Return to Soccer Activities Guidelines](#), prior to participating in any town program, club, or league soccer related activities. This includes, but is not limited to, individual or team practices, clinics, training, games, tournaments, meetings or classes.

I attest that the information I am providing is true and accurate. Prior to bringing my player to participate in any soccer related activities that they have not experienced any of the following symptoms within the last 48 hours: *(please place an X in each box to indicate you have read.)*

- Fever (over 100.4 degrees fahrenheit) - temperature must be taken before each practice/game.
- Cough
- Shortness of breath, or difficulty breathing
- Chills
- Muscle aches
- Sore throat
- Loss of smell or taste, or a change in taste
- Nausea, vomiting or diarrhea
- Headache
- Fatigue

Place an X in each box below indicating you have read and acknowledged each of the following statements as being true and correct:

- The player has not been in close contact with anyone who has exhibited symptoms of COVID-19 in the last 14 days.
- The player has not had contact with anyone who has had a confirmed case of COVID-19 in the last 14 days.
- The player is not restricted from participating by a healthcare provider.
- The player has not traveled in the past 14 days to or from any states restricted by the Commonwealth of Massachusetts travel order. If so, all of the necessary steps required by the order will be completed by the player prior to returning to soccer related activities.

- The player has not recently traveled to a restricted area that is under a level 2, 3 or 4 travel advisory according to the U.S. State Department.

Face Mask Exemption: Check the box(es) below ONLY if this applies to you.

- The player is not required to wear a mask due to a medical condition.
- The player is not required to wear a mask based on an exemption under Massachusetts Department of Health guidance.

If at any time you are unable to confirm the above criteria, the player must be restricted from participation and should contact their healthcare provider.

I understand that any falsification or omission of the information provided above, could result in disqualification from participating in any Massachusetts Youth Soccer Association sanctioned soccer related activity for no less than a year.

Player's Name \_\_\_\_\_

Member Organization \_\_\_\_\_

Signature of Player's parent or legal guardian if such member player is under 18 years of age \_\_\_\_\_

Print Name of Signature \_\_\_\_\_

Date \_\_\_\_\_

Email address \_\_\_\_\_