

Beal City Athletic Department

Aarron Butkovich, Athletic Director
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Spring Athletes and Parents,

The recent MDHHS requirements of mandatory weekly COVID-19 rapid antigen testing for all athletes ages 13-19 went into effect on April 2nd. Beal City Athletics has made the decision to test our student/athletes before their first scheduled practice after Spring Break. Due to the extended absence, testing before the first scheduled practice will allow for only an individual who tests positive to have to go into quarantine rather than needing to conduct contact tracing throughout the entire team. Testing will commence per the schedule below:

Softball:	Monday, April 5th at 5:00PM
Baseball:	Monday, April 5th at 5:30PM
High School Track & Field:	Tuesday, April 6th at 3:00PM
M.S. Track & Field:	Wednesday, April 7th at 3:00PM

The athletic director and athletic trainer will be conducting the tests with administrative assistance from coaches and the athletics administrative assistant. Testing will take place on the stage in the small gym.

To make this ambitious endeavor a reality, parent assistance is needed in advance to print copies, complete and sign the following two forms which are included in this attachment:

- 1) MI Safer Sports COVID-19 Testing Program: Participant code of Conduct
- 2) Consent and Registration Form for Rapid COVID-A9 Antigen Test

Please send the completed forms with your child to their first practice and first testing date as stated above. Copies are available at the school in the high school, athletics and central offices for pick up. Copies will also be available at the scheduled practice and first testing date and time. The links for bullet points 2 and 3 in the Code of Conduct document are available in the "Parent Resources" section of the Athletics page at www.bealcityschools.net.

Thank you for your understanding and continued support. Please direct questions to the Athletic Director - Aarron Butkovich at abutkovich@bealcityschools.net.

Respectfully,



Aarron J. Butkovich
Athletic Director
Beal City Public Schools
GO AGGIES!



MI Safer Sports COVID-19 Testing Program: Participant Code of Conduct

The Michigan Department of Health and Human Services is pleased to provide COVID-19 rapid antigen tests for all athletics. All participants must be tested consistent with MDHHS Interim Guidance for Athletics issued on March 20, 2021.

As a participant in the MI Safer Sports program, I understand and agree to the following:

- My participation in the practices and competitions over the course of this program is voluntary.
- I have reviewed and will comply with the additional mitigation measured outlined in the [MDHHS Interim Guidance for Athletics](#).
- I agree to receive a COVID-19 test (rapid test) at the cadence prescribed in the [MDHHS Interim Guidance for Athletics](#).
 - If I test positive, I understand that I cannot return to practice or compete unless I receive a negative molecular (PCR) test within 48 hours of the rapid test results and I continue to have no symptoms.
- If I exhibit any symptoms of COVID-19, I will self-isolate and not attend practice or competition, regardless of any negative test result.
- If I test positive for COVID-19, show symptoms, or am exposed in close contact to someone who tests positive, I will cooperate with local and state public health officials in the case investigation and contact tracing process.
- Inside and outside of practice and competition, I will follow all state and local health orders that apply in my area, including wearing a face mask when around others, limitations on gatherings outside my immediate household, including non-team gatherings and social gatherings with my team outside of practice or competition.

I understand that failure to follow the above agreements could result in my removal from competition and practices and may result in disqualification of my entire team.

MDHHS may request documentation at any time necessary to enforce this Code of Conduct.

Participant Signature & Date

Parent/Guardian Signature & Date if Participant is a Minor

Consent and Registration Form for Rapid COVID-19 Antigen Test

First Name: _____ Last Name: _____

DOB: _____

School: _____

Please carefully read the following informed consent:

Please carefully read the following notice and sign the authorization to test for COVID-19.

1. I understand that the COVID-19 testing will be conducted through a BinaxNOW antigen test, or other acceptable test as ordered by an authorized medical provider or a public health official.
2. I understand that my ability to receive testing is limited to the availability of test supplies.
3. I understand that I am not creating a patient relationship with the ordering physician by participating in this testing. I understand the entity performing the test is not acting as my medical provider. Testing does not replace treatment by my medical provider. I assume complete and full responsibility to take appropriate action with regards to my test results and my medical care. I agree I will seek medical advice, care, and treatment from my medical provider or other health care entity if I have questions or concerns, if I develop symptoms of COVID-19, or if my condition worsens.
4. I understand it is my responsibility to inform my health care provider of a positive test result, and that a copy will not be sent to my health care provider for me.
5. I understand that my antigen test result will be available in 15-30 minutes. If the result is positive, it will need to be confirmed with a PCR test.
6. I understand and acknowledge that a positive antigen test result is an indication that I need to self-isolate to avoid infecting others until I obtain a negative PCR test result.
7. I have been informed of the test purpose, procedures, and potential risks and benefits. I will have the opportunity to ask questions before proceeding with a COVID-19 diagnostic test at the testing site. I understand that if I do not wish to continue with the COVID-19 diagnostic test, I may decline to test. If I decline to test, I may not participate in athletic practice or competition.
8. I understand that to ensure public health and safety and to control the spread of COVID-19, my test results may be shared without my individual authorization.
9. I understand that my test results will be disclosed to the appropriate public health authorities as required by law.
10. I understand that I may withdraw my consent to participate in testing at any time, and that doing so will forfeit my right to participate in the MI Safer Sports program.

AUTHORIZATION/CONSENT TO TEST FOR COVID-19

- I agree to undergo the COVID-19 antigen testing for the duration of the testing period/ authorize my child to undergo testing

Patient/Parent/Legal Guardian Signature

Date