

NORTH MAC COMMUNITY UNIT SCHOOL DISTRICT NO. 34

525 N. Third Street, Girard, IL 62640 • Dr. Jay Goble, Superintendent

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| North Mac High School Mr. Rob Horn Phone: (217)965-4127 Fax: (217)965-4006 | North Mac Middle School Mr. John Downs Phone: (217)627-2136 Fax: (217)627-3503 | North Mac Intermediate Mr. John Downs Phone: (217)627-2419 Fax: (217)627-3409 | North Mac Elementary School Mrs. Michele Cimarossa Phone: (217)965-5424 Fax: (217)965-4342 |
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The Restore Illinois Plan called for Illinois to advance to Phase 3 beginning on May 29th. The IHSA will allow member schools to open for voluntary strength and conditioning sessions during Phase 3. While prioritizing the health and safety of all students and staff, North Mac will allow voluntary workouts beginning **June 15th** if our Region remains in at least Phase 3.

To maintain the highest level of safety possible North Mac will institute the following IHSA and district requirements:

- Maintain social distance by being 6 feet apart at all times
- Masks shall be worn when social distancing cannot be maintained
- Masks shall be worn by all coaches/supervisors at all times while indoors
- Groups no larger than 10 which include the coach/supervisor
- Groups of 10 or less must be pre-determined
- Once groups are determined, students may not switch from one group to another. Also students cannot switch groups based upon their sport. Students should use their fall group sport if they are a multi-sport athlete
- Interaction between groups that are on campus at the same time shall not be permitted
- Sessions can only include weightlifting, running, and exercise designed to promote physical fitness
- Sport specific drills are not permitted and sport specific equipment may not be used
- Diligent and effective cleaning and disinfecting of frequently touched objects and surfaces following the guidance of the CDC
- Coaches must maintain a daily health screening on each student and coach/supervisor in attendance. These screenings will include a temperature check (performed by the individual at home and reported to the coach/supervisor upon reporting to the workout), participating student's name, date and time, and symptoms they may present must be completed on the form. If temperatures >100.4F/37C or symptoms of COVID-19 (fevers, chills, cough, muscle aches, headache, sore throat, runny nose, nausea, vomiting, diarrhea, or loss of taste or smell) are present the student must be sent home
- Free weight exercises that require a spotter will not be permitted. All safety measures in all forms must be strictly enforced in the weight room
- All sessions will end 15 minutes prior to the next session is scheduled to begin to insure proper cleaning and disinfecting is completed. No students will be admitted early to a session
- All students must be picked up at their scheduled time
- Students must have their own water bottles that are clearly marked with their name on it. No sharing of drinks, use of water fountains, or use of water tanks will be allowed (touchless water bottle fillers will be allowed)
- Parents must sign and return consent form for their student to participate

Resources:

IHSA Return to Play Stage 1
Illinois Department of Commerce
NFHS Guidance for Opening Up High School Athletics and Activities
Illinois Department of Health Restore Illinois Plan

Phone: (217)627-2915 • Fax: (217)627-3519

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COVID-19 SUMMER WORKOUT CONSENT

STUDENT NAME (PLEASE PRINT): _____

YEAR IN SCHOOL (PLEASE PRINT): _____

PURPOSE: The purpose of this form is to obtain your consent for your student to participate in Voluntary summer workouts at North Mac during the COVID-19 epidemic. By signing below, you give consent for your student to participate at eh workouts on the campuses of North Mac CUSD #34. This form must be returned to the coach/supervisor at the first workout session. Students who do not have a consent form signed will not be allowed to participate.

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PARENT/GUARDIAN NAME (PLEASE PRINT): _____

PARENT/GUARDIAN (SIGNATURE): _____