Manor Independent School District



Social Distancing Student Contract Extracurricular Activities

Student Name (Print):	Date:
I agree to the following terms for attendance at practice. I understand I will immediately be sent home if I do not follow social distancing guidelines.	
 I agree to have my temperature checked daily upon arrive If I have a fever of 100 degrees or above, I will not be allowed 	- , ,
 I also will notify the AG Barn Monitor and my AG teacher feeling any of the following symptoms: Cough Shortness of breath or difficulty breathing Chills Repeated shaking with chills Muscle pain Headache Sore throat Loss of taste or smell Diarrhea Feeling feverish or a measured temperature great degrees Fahrenheit Known close contact with a person who is a lab or 	ter than or equal to 99.6
 I agree to wear a mask at all times. I agree to maintain at least 6 feet of distance between my possible. I agree to NOT share food or water with anyone before, cactivities. 	
Student Signature :	
Parent or Guardian Signature :	