



## Blackhawks Blind Hockey COVID-19 Policy and Protocol

While being a member of the Blackhawks Blind Hockey Community, it is important for us all to know and understand the level of responsibility and accountability that we all share to keep our players, coaches, volunteers and related family members safe and informed. The Blackhawks Blind Hockey Team will follow all government, USA Hockey and AHA! guidelines to the best of our ability and although there is no guarantee that we can eliminate the spread of COVID-19, we can do our best to limit the spread and lower everyone's chances of transmitting or contracting any illness. Below are the following guidelines that the Blackhawks Blind Hockey Team will operate by knowing that these policies will change over time to safely adapt to the current environment.

- We will follow the public health guidelines of the Centers for Disease Control and Prevention ([CDC](#)), Restore Illinois ([IL](#)), USA Hockey ([USAH](#)), Amateur Hockey Association Illinois ([AHA!](#)), Amateur Athletic Union ([AAU](#)) and any other tournament (example: Disabled Hockey Festival, Blind Hockey Classic,..) that we will operate within during the season.
- We will also follow the policies of any individual rink that we play (Current Ice Rink for Blind Hockey is Center Ice of Dupage - <http://www.centericeofdupage.com/> ).
- All members shall complete the online waiver for Center Ice before attending your first practice during the registration process. The link for the on line waiver is <http://www.sevenbridgesicearena.com/waiver.html> (Note: this is only required one time and is for Center Ice and Seven Bridges Ice Arena – owned by same company)
- All players, coaches and volunteers are required to complete the Blackhawks Waiver. Waiver is attached to this policy as Attachment A.
- Face coverings/masks are required to be worn at all times while in the rink and in the locker rooms, except for when on the ice. Players and coaches are encouraged to wear a face mask on the ice if they want, but it is not required.
- All members should observe and practice social distancing guidelines maintaining at least 6 feet whenever possible. Skaters should also practice social distancing on the ice to the best of their ability while standing in lines, in groups, or on the bench.
- All members are encouraged to practice frequent hand washing and hand-sanitizer application. Skaters are not permitted to spit, and it is recommended that not touch one's face while playing on the ice. When coming off the ice do remember to sanitize your hands before removing any gear or touching your face. Please keep hand sanitizer in your gear bag.
- Players and coaches can bring a water bottle on the ice but your first and last number must be clearly printed on the bottle in large letters. Coaches will assist players to ensure that they only touch their own water bottle. (There will be absolutely no sharing of water bottles on the ice or in the locker room)



- It is also recommended to clean your gear after every use. A good disinfectant is the following. In a plastic spray bottle mix 40% water and 60% isopropyl alcohol. Spray your gear and leave to air dry.
- If you are [sick, not feel well, or show any symptoms \(CDC\)](#) of any communicable disease, DO NOT participate. We strongly suggest that you contact your physician and get a COVID-19 test. [Common symptoms include, but not limited to](#), a fever over 100.4, chills, cough, fatigue, and/or shortness of breath.
- If you test positive for COVID-19 or show symptoms that are not related to a previously known and documented illness, please email the Blackhawks Blind Hockey Team at [COVID@chicagoblackhawksblindhockey.com](mailto:COVID@chicagoblackhawksblindhockey.com) and communicate your situation, leave a contact phone number and a committee member will call you back within 12 hours to gather further information. All personal information will be kept confidential. You are not able to return to play until you have [self-quarantined for 14 days](#) and are resolved of all symptoms for at least three consecutive days. The Blackhawks reserve the right to send any member home and to be tested if we observe any symptoms while participating. One shall quarantine as stated above or tests negative.
- If the symptoms are not related to COVID then you may participate with both a “return to play” note from a doctor and a negative COVID-19 test.
- All members should check their temperatures twice a day during the season and especially before participating.
- If you are in [contact](#) with anyone that has tested positive for COVID-19 or suspected of being positive, you should [self-quarantine for 14 days \(CDC\)](#) and be symptom free. Contact will be traced back to 48 hours prior to symptoms/positive test (whichever is first) of the original person
- The Blackhawks Blind Hockey Team reserve the right to require a 14 day quarantine for any member that travels to known hot spots as determined by Federal, State, and Local authorities. All games/tournaments (when allowed) will be processed through our team registrar. Blackhawks Blind Hockey reserves the right to pull our team from events or competition if it determines that it is unsafe to travel and play at that time.

Please remember that this is an individual and community responsibility to keep everyone as safe as possible. The health and safety of our membership and the surrounding community is our utmost priority. We ask that you always choose the side of caution at any time you feel uncomfortable for any reason and communicate those concerns to [COVID@chicagoblackhawksblindhockey.com](mailto:COVID@chicagoblackhawksblindhockey.com)



Attachment A

**LIABILITY WAIVER FORM**

**WAIVER, PARENTAL WAIVER AND RELEASE OF LIABILITY**

I, the undersigned, parent or legal guardian, acknowledge the inherent risk involved in ice skating, hockey and all sports relating thereto. Accordingly, inconsideration of myself, or my child being allowed to participate in any skating / hockey activities and/or other **Blackhawks Blind Hockey activities** at the ice rink facility commonly known as **“Center Ice of Dupage”, located at 1N450 Highland Ave, Glen Ellyn, IL 60137** or outside the ice rink facility, agree to the following:

1. I ACKNOWLEDGE AND FULLY UNDERSTAND THAT I (and/or my custodial child/ren) WILL BE ENGAGING IN ACTIVITIES THAT INVOLVE RISK OF SERIOUS INJURY WHICH MAY RESULT NOT ONLY FROM MY (and/or my custodial child/ren’s) ACTIONS, BUT ALSO FROM THE ACTION, INACTION OR NEGLIGENCE OF OTHERS; AND FURTHER, THAT THERE MAY BE RISKS NOT KNOWN TO ME OR NOT REASONABLY FORESEEABLE. I ALSO ACKNOWLEDGE AND FULLY UNDERSTAND THAT I (and/or my custodial child/ren) CANNOT PARTICIPATE IN ANY ACTIVITIES IF I (and/or my custodial child/ren) HAVE RECENTLY SUFFERED FROM ANY FEVER, SORE THROAT, VOMITING, DIARRHEA OR ANY OTHER COMMUNICABLE SYMPTOMS OR HAVE BEEN EXPOSED RECENTLY TO SOMEONE WITH THESE SYMPTOMS. I FURTHER ACKNOWLEDGE THAT OTHER PARTICIPANTS IN THESE ACTIVITIES MAY BE INCUBATING DISEASES INCLUDING COVID-19, AND MAY BE CAPABLE OF SPREADING DISEASE TO OTHERS.
2. ON BEHALF OF MYSELF (and/or my custodial child/ren), I AGREE TO ASSUME ALL THE FOREGOING RISKS AND ACCEPT PERSONAL RESPONSIBILITY FOR MY OWN DAMAGES FOLLOWING SUCH INJURY OR SICKNESS.
3. ON BEHALF OF MYSELF (and/or my custodial child/ren), I RELEASE, DISCHARGE, WAIVE AND COVENENT NOT TO SUE CHICAGO BLACKHAWKS BLIND HOCKEY ORGANIZATION, AMATEUR HOCKEY ASSOCIATION OF ILLINOIS (AHA), AND ALL THEIR RESPECTIVE AGENTS, AFFILIATES, ASSOCIATES, OFFICERS, DIRECTORS, OWNERS AND EMPLOYEES (collectively “Releasees”) FROM DEMANDS, LOSSES OR DAMAGES ON ACCOUNT OF ANY SICKNESS, INJURY, DEATH OR DAMAGE TO PROPERTY, CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY RELEASEES OR ANY OTHER PARTY’S ACTIONS, INACTION OR OTHERWISE; AND AGREE TO INDEMNIFY RELEASEES FROM ANY AND ALL THIRD PARTY CLAIMS CAUSED IN WHOLE OR IN PART BY MY (and/or my custodial child/ren’s) ACTIONS.

I have read the above Waiver and Release and understand that by signing below, I have given up substantial rights on behalf of myself (and/or my custodial child/ren).

Printed Name of Participant:

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Printed Name of Parent or Legal Guardian:

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Signature of Participant, Parent or Legal Guardian:

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Date: \_\_\_\_\_