



Springfield Public Schools Athletic Department



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COVID-19 Virtual Conditioning Practice Approval Form

The Missouri State High School Activities Association (MSHSAA) in conjunction with Springfield Public Schools has provided an opportunity for students who are in quarantine due to being in defined close contact with a positive case of COVID-19 to obtain the necessary 14-day conditioning practice requirement virtually. Virtual Conditioning Practices (VCP) are only permitted for students who are in quarantine due to being in defined close contact with a positive case of Covid-19, however are not permitted for students who have tested positive for COVID-19 or for students who are showing signs/symptoms of COVID-19. The VCP will only count toward the 14-day conditioning practice requirement, and will not count toward any required equipment acclimatization requirement.

In order to take advantage of this opportunity, the following actions must be taken:

1. This form signed by a MD/DO/PAC/ARNP providing written clearance/permission for the below named student to participate in VCP's.
2. This form signed by the student and parent/guardian providing written clearance/permission for the below named student to participate in VCP's. It is important to note that VCP's do not provide the same level of supervision as a traditional practice, thus parents/guardians are encouraged to have an individual at the site of the VCP supervising conditioning activities.
3. The VCP must be live and must be visually monitored by a school approved coach. Consequently, coach approval is required, and the coach's signature verifies that they will be monitoring the VCP. During the VCP, only cardiovascular exercises and calisthenics shall be used. Protective equipment, sport related equipment, or weightlifting equipment will not be used for the VCP.
4. This form signed by the Site Athletic Director (High School) or Site Athletic Coordinator (Middle School) providing school approval for the VCP to occur.

By completing the below form and signing, written clearance/permission is granted for the student to participate in VCP's.

Student's Name: _____ Sport: _____

Student's Physical Address Where VCP Will Occur: _____

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Emergency Contact Number(s): _____

Physician Signature: _____ Date: _____

Coach Signature: _____ Date: _____

Site Athletic Director/Coordinator: _____ Date: _____