



HAWAII SHOTOKAN KARATE (HSK) POLICY RE: COVID-19 RESPONSE

The safety and health of our children, staff and visitors are of the utmost importance. HSK may establish new health/safety guidelines or amend, revise or rescind any of its existing health/safety guidelines to conform with any health/safety orders that are issued by the Hawaii government or health agencies in response to COVID-19 or any other contagious disease.

HSK Instructors

These requirements include but are not limited to the following:

- Instructors shall NOT have:
 - (i) a body temperature above 38 degrees C or 100.4 degrees F
 - (ii) tested positive for COVID-19 without having a written medical clearance from their primary care provider releasing them from isolation
 - (iii) any symptoms such as coughing, sneezing, congestion or runny nose, shortness of breath or difficulty breathing, sore throat, nausea, vomiting, diarrhea, muscle or body aches, fatigue, chills, or recent loss of taste or smell.
- Instructors will:
 - (i) observe social distancing requirements
 - (ii) wear facial coverings as much as possible
 - (iii) wash or disinfect hands on a regular basis
 - (iv) follow any health safety orders that are issued by any Hawaii Authority, as communicated by the Program Director from time to time.

• All Instructors must be fully vaccinated and boosted as an additional precaution.

In addition, HSK Instructors will maintain the following:

- Provide disinfecting solutions for hand use prior to entering the dojo;
- Ensure that there is an ample supply of soap in the dojo bathroom;
- Designate individual practice space to maintain social distancing;
- Routinely disinfect high touch areas and bathrooms;
- Use approved disinfecting solution on dojo mat area before and after practice.
- Once the COVID check-in is complete, students may not leave the dojo unless they are being picked up by their parent/authorized person.
- All water bottles will be stored inside the dojo, and all water breaks will be taken inside the dojo.
- Tatami/mat space and enclosed seating area will be limited to students and instructors ONLY.

Initial: _____



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Parent/Legal Guardian and Student Responsibilities

ALL STUDENTS MUST BE FULLY VACCINATED TO ENTER THE DOJO! Vaccination cards WILL be required on the first day of training and the member’s name and status will be on an official roster for future entrance into the dojo. Temperature checks will be performed at the beginning of EACH training session.

Day 1: A parent/guardian will be required to be present to complete and sign a COVID consent form for their child prior to entry into the dojo. Students who arrive at the check-in without a parent or guardian will be denied entry. All information provided at check-in will be kept on file.

Thereafter: Students listed on the COVID roster may check themselves in without parent/guardian present. However, parents are encouraged to stay until a satisfactory temperature check is verified.

- Student **temperature** will be taken by an HSK instructor (or designated person). Any student presenting a temperature over 100.4 F or 38 C will **NOT** be allowed to train.
- A parent/guardian is to confirm the following **BEFORE** leaving for the dojo:
 - Student shows no symptoms of COVID-19, including fever, coughing, shortness of breath or difficulty breathing.
 - Student has had no known exposure to anyone infected with COVID-19, or anyone suspected of having COVID-19 for the last 14 days.
 - Student’s gi (karate uniform) is washed after EACH training.
- Alcohol-based sanitizing agents (60-95% alcohol) will be provided for students to use on hands, supervised by an authorized adult.
- Everyone must **wear a mask** at all times, except when actively working out.
- Students are responsible for bringing their personal water bottles.

If a child tests positive for COVID-19, such child’s parent or legal guardian must provide Sensei Alan Sekiguchi with a written medical clearance from the child’s primary medical care provider (“doctor’s note”), releasing them from isolation, before they will be allowed to return to practice.

THE UNDERSIGNED, BY HIS/HER SIGNATURE BELOW, ATTESTS THAT HE/SHE IS FULLY INFORMED OF THE CONTENTS OF THIS AGREEMENT AND SIGNS AS HIS OR HER FREE ACT AND DEED.

MEMBER’S SIGNATURE _____ DATE _____

PARENT’S SIGNATURE _____ DATE _____