

# COVID-19 Policy and Protocol



The Minnesota American Legion Baseball Committee advises teams to follow current Minnesota Department of Health mandates and guidelines, as well as city and county rules, and to be knowledgeable of the practices in place at the facilities where practices happen and games are played.

As the state and local mandates change, so do Minnesota American Legion Baseball policies on COVID-19 change. This document is not meant to supersede state or local mandates or ballpark rules. Our aim is to be respectful of the state and local regulations and not overstep the decisions of elected officials or the decisions of city and school administrators who oversee ballparks.

Preparedness plans and posted signs change from venue to venue, sometimes even from one part of a ballpark to another (such as concessions vs stands vs. dugout). Be knowledgeable and respectful of the rules in place at each venue and follow their guidance.

## Resources

All Minnesotans can find current Minnesota Department of Health guidance at these web addresses:

### Youth Sports Guide

<https://www.health.state.mn.us/diseases/coronavirus/sportsguide.pdf>

### Preparedness Plan for Outdoor Seated Venues

[http://dli.mn.gov/sites/default/files/pdf/COVID\\_19\\_preparedness\\_plan\\_requirements\\_outdoor\\_venues.pdf](http://dli.mn.gov/sites/default/files/pdf/COVID_19_preparedness_plan_requirements_outdoor_venues.pdf)

### COVID-19 Testing

<https://www.health.state.mn.us/diseases/coronavirus/sportstest.pdf>

### Quarantine Guidance

<https://www.health.state.mn.us/diseases/coronavirus/quarguide.pdf>

### Capacity Calculator

<https://staysafe.mn.gov/capacity-calculator/>

### COVID-19 Reporting Form

<https://redcap.health.state.mn.us/redcap/surveys/?s=KKWLDH3ARC>

## Staying safe

Minnesota American Legion Baseball cannot guarantee that players, coaches, fans and other participants will not become infected with COVID-19. The guidelines may change, but, at the beginning of the season, the state recommended practices such as:

- Staying home as much as possible.
- Staying at least 6 feet from other people when in public areas. (Players not able to be in the dugout can line up and down the foul lines.)

- Avoiding congregating, particularly when entering and exiting the parks.
- Avoiding sharing food or drinks and avoid spitting, chewing gum or eating seeds.
- Refraining from touching one another, such as high fives or handshake lines. (A tip of the cap can be a substitute for saluting an opponent following games.)
- Avoiding close contact with people who are sick.
- Washing hands often (for at least 20 seconds), with soap and water.
- If soap and water is not available, using hand sanitizer that is at least 60% alcohol.
- Covering your mouth and nose when you cough or sneeze.
- Coughing or sneezing into your elbow or a tissue, and disposing of the tissue in the trash.
- Wearing a mask or face covering that covers your nose and mouth when in places that require them.

### **Participation risks**

Because of the serious nature of the COVID-19 pandemic, it is imperative that participants and families know and understand the following:

- Participation in the Minnesota American Legion Baseball Program is voluntary.
- While participating in the Program, all laws, rules, guidelines, protocols and verbal or written instruction regarding COVID-19 must be followed, to include instructions from Program leaders or ballpark officials.
- In participating in the Program, you, as a Participant acknowledge the contagious nature of COVID-19, and you understand that there is risk of injury and/or illness from participating, including the risk of having direct or indirect contact with individuals who have been exposed to and/or diagnosed with COVID-19.
- You, as a participant, agree that if you are exposed to, or infected by, COVID-19 during your period of participation, you will immediately cease participation and follow Minnesota Department of Health protocols, including, but not limited to, seeking testing, isolating, quarantining, notifying others who might be at enhanced risk.
- You, as a participant (and your parent/guardian) **must complete a separate Form 2 Player Agreement** prior to commencing your participation in the Program. You also agree that this Minnesota American Legion Baseball COVID-19 Notice is wholly incorporated into that Player Agreement and that the terms of the Form 2 Player Agreement are wholly incorporated into this document. (Note: While Form 2 strongly recommends notarization, it is not required.)

Form 2 is included in your 2021 Baseball Kit. It also is found online at **[legion.org/baseball](https://legion.org/baseball)**.

### **Final message**

We hope 2021 is another excellent season of Minnesota American Legion Baseball. By honoring rules in place, you help us continue this great summertime tradition.

# AMERICAN LEGION BASEBALL



**2021 Form #2**

## Player Agreement

Please **PRINT** or **TYPE**

PLAYER'S NAME

First, MI, Last (as it appears on driver license or birth certificate)

I certify that the information shown above regarding me is correct. I agree to devote my entire service as an American Legion Baseball (ALB) player this season to  (team name). I agree to abide by all ALB rules and regulations. I agree to accept the sole, exclusive and final jurisdiction and authority of The American Legion National Appeals Board over any ruling(s), dispute(s), disagreement(s), or subject matter having to do with or having any impact or effect upon the ALB program, rules, tournaments, administration, or games and their ruling shall be final without any rights of appeals. In addition, their ruling shall be considered that of an arbitrator to which the parties agree is a final adjudication of all matters in controversy. Procedures for filing an appeal to the National Baseball Appeals Board are outlined in National Rule 10 of the American Legion Baseball Rule Book.. Voluntarily and of my own free will, I elect to participate in the ALB program and as a member of my ALB team.

I understand and acknowledge that the very nature of baseball has hazards that can cause serious injury and/or death. I assume all risks of injury and damage incident to my participation in ALB. I agree in the event of illness or injury during an ALB game or practice, I hereby give consent to the performance of such diagnostic, medical and/or surgical treatment as may be deemed medically necessary to assure my safety.

I have read and understand National Executive Committee Resolution No. 16: Expectations for Rendering Proper Respect when Participating in Programs of The American Legion, October 2016 (copy of which is available at [www.archive.legion.org](http://www.archive.legion.org)) and agree to be bound to the terms of said resolution.

I irrevocably consent to, and authorize the ALB, its licensees, agents, successors and assigns, to use my name, likeness, and voice and to reproduce, distribute, display, and to prepare derivative works of any images or recordings of me taken, or in which I may be included, in conjunction with or without my name, made through any medium, for publicity, advertising, promotional or any other lawful purpose without compensation to me.

I have read ALB's Privacy Policy, Drug and Alcohol Policy, and Fan Conduct Policy (copies of which are available at [www.legion.org/baseball/resources](http://www.legion.org/baseball/resources)) and agree to be bound to the terms of each such policy.

In consideration of the privilege to participate in the ALB program, hereby release, discharge, relinquish, agree not to take legal action against, hold harmless, and indemnify The American Legion, its officers, agents, representatives, employees and officials, ALB sponsors, supervisors, participants, players, agents, coaches, managers and persons transporting me to and from ALB activities, from any claims, demand, actions, and cause of action of any sort, arising out of my participation in the ALB program, including, but not limited to, (1) any injury or death sustained in connection with my participation in the ALB program, including but not limited to travel to and from program related activities, whether the result of negligence or for any other cause; and (2) any ruling(s), dispute(s), disagreement(s), or subject matter having to do with or having any impact or effect upon the ALB program, rules, tournaments, administration, or games. Except as otherwise provided above, I agree that any dispute arising out of this agreement shall be governed by the laws of Indiana, notwithstanding any conflicts of law principles. Any action relating to this agreement must be filed and maintained in a court in the state of Indiana, and users consent to exclusive jurisdiction and venue in such courts for such purpose.

I certify that I am a legal United States citizen, or possess legal residency, or visitor status to be in the United States, and that I shall provide proof of said legal status if requested prior to or during any American Legion national-level ALB participation. I further understand that I shall be denied participation in any American Legion national-level youth programs if I refuse to comply with providing proof of said legal status, or are not legally in the United States.

Player's signature

Player's printed name

Date

I am a parent with legal custody or legal guardian of the above player and hereby consent and agree to the foregoing terms and provisions on the above player's behalf.

Parent's or legal guardian's signature

Parent's or legal guardian's printed name

# AMERICAN LEGION BASEBALL



**2021 Form #2 Continued**

## Player Information Sheet

Please **PRINT** or **TYPE**

Player's name (*first, middle, last*)

Parent's home address (*street address, city, state, ZIP*)

Parent's telephone number

Emergency contact person & phone number

Medical Insurance Policy #

Family physician & phone number

High school attended

Year of graduation

School enrollment (*grades 10, 11, 12*)

Player's email address

Player's Birth Date (Month/Year)

Primary position

Player's height

Player's weight

Bats

Throws

The content below should be filled out by a notary.

I, \_\_\_\_\_, a Notary Public for said County and State, do hereby certify that

\_\_\_\_\_ personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

[ SEAL ]

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My commission expires