

# ***Loyalsock Township School District***

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***Gerald L. McLaughlin  
Superintendent of Schools***

***Suzanne K. Foresman  
Supervisor of Curriculum & Instruction***

***M. Daniel Egly  
Business Manager/Board Secretary***

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I, hereby acknowledge that I have read and understand the guidelines and procedures outlined in the Loyalsock Township School District Resocialization of Sports and Extra-Curricular Activities Reopening Recommendations. I agree to follow these guidelines and procedures and make certain that all those participating do so as well. Furthermore, I will ensure all participants sign the Participation Waiver for Communicable Diseases Including COVID-19 prior to the use of Loyalsock Township School District facilities.

**Group Name:** \_\_\_\_\_

**Signature of Primary Manager:** \_\_\_\_\_

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