



Email NSC's COVID-19 response director, Jayme Murphy, at jmurphy@nscsports.org. This email must include:

1. *Your Name*
2. *Your program you are participating in*
3. *Your Team Manager's Name*
4. *Your Team Name*
5. *What days/nights you participate in NSC programmed leagues and/or events*
6. *Attached digital scan and/or copy of letter of mask exemption signed by your physician*

For NSC to recognize your exemption to be masked while participating in sports, the letter must meet all of the criteria below:

1. *Letter of exemption must come from a licensed medical provider who is qualified to diagnose the condition at hand per MDH recommendations*
2. *On Physician's/Practice Letterhead*
3. *Includes name of exempt patient*
4. *Includes confirmation of medical exemption for masking during sports (does not need to disclose condition that prompted exemption)*
5. *Includes contact information of physician asking for exemption (e.g., phone and/or email, ideally both)*
6. *Includes physician signature*

For more information about the requirement to wear face masks visit the Minnesota Department of Health (MDH) page [Face Cover FAQ's](#) and scroll down to "What medical conditions or circumstances would prevent a person from wearing a face covering?"