

PARTICIPANT SELF-SCREENING CONFIRMATION FORM

Date (DD/MM/YY)	Ice Time	League/Team/Group Name

Coaches/Trainers/Officials

Name	Phone #	Health Screening Completed	Check if attending today

Players/Skaters

Player Name	Phone #	Health Screening Completed	Check box if attending today
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

This form must be completed for every ice time. If you have the ice rented multiple times a week, then the form must be completed each time.
 Once completed, please email to coldwatercc@townshipofsevern.com with Screening Form in the subject line. All information will be retained for 30 days. **All** participants must be **primary** residents of Simcoe County.
 Please review questions at: <https://covid-19.ontario.ca/self-assessment/>