Metro High School Hockey League

Contact Tracing Record Sheet

*Participants*

|  |  |
| --- | --- |
| Team Name: |  |
| Date: |  |
| Time: |  |
| Arena: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Player/Coach Name | Answered “No” to all screening questions | Contact Number | Arrival |
| 1. |  |  |  | ☐ |
| 2. |  |  |  | ☐ |
| 3. |  |  |  | ☐ |
| 4. |  |  |  | ☐ |
| 5. |  |  |  | ☐ |
| 6. |  |  |  | ☐ |
| 7. |  |  |  | ☐ |
| 8. |  |  |  | ☐ |
| 9. |  |  |  | ☐ |
| 10. |  |  |  | ☐ |
| 11. |  |  |  | ☐ |
| 12. |  |  |  | ☐ |
| 13. |  |  |  | ☐ |
| 14. |  |  |  | ☐ |
| 15. |  |  |  | ☐ |
| 16. |  |  |  | ☐ |
| 17. |  |  |  | ☐ |
| 18. |  |  |  | ☐ |
| 19. |  |  |  | ☐ |
| 20. |  |  |  | ☐ |
| 21. |  |  |  | ☐ |
| 22. |  |  |  | ☐ |

I certify the above information to be accurate. Arena officials may contact me for further information if required.

|  |  |
| --- | --- |
| Safety Rep Name: |  |
| Contact Number: |  |