

|          | DATE             | Тіме | LOCATION                             |                     | IF APPLICABLE)                  |
|----------|------------------|------|--------------------------------------|---------------------|---------------------------------|
|          | D                | N    |                                      | D                   |                                 |
|          | PARTICIPANT NAME |      | POSITION (PLAYER/COACH/<br>OFFICIAL) | <b>PHONE NUMBER</b> | HEALTH SCREEN PASS?<br>(YES/NO) |
| 1        |                  |      |                                      |                     |                                 |
| 2        |                  |      |                                      |                     |                                 |
| 3        |                  |      |                                      |                     |                                 |
| 4        |                  |      |                                      |                     |                                 |
| 5        |                  |      |                                      |                     |                                 |
| 6        |                  |      |                                      |                     |                                 |
| 7        |                  |      |                                      |                     |                                 |
| 8        |                  |      |                                      |                     |                                 |
| 9<br>10  |                  |      |                                      |                     |                                 |
| 10       |                  |      |                                      |                     |                                 |
| 11       |                  |      |                                      |                     |                                 |
| 13       |                  |      |                                      |                     |                                 |
| 14       |                  |      |                                      |                     |                                 |
| 15       |                  |      |                                      |                     |                                 |
| 16       |                  |      |                                      |                     |                                 |
| 17       |                  |      |                                      |                     |                                 |
| 18       |                  |      |                                      |                     |                                 |
| 19       |                  |      |                                      |                     |                                 |
| 20       |                  |      |                                      |                     |                                 |
| 21       |                  |      |                                      |                     |                                 |
| 22       |                  |      |                                      |                     |                                 |
| 23       |                  |      |                                      |                     |                                 |
| 24       |                  |      |                                      |                     |                                 |
| 25       |                  |      |                                      |                     |                                 |
| 26<br>27 |                  |      |                                      |                     |                                 |
| 27<br>28 |                  |      |                                      |                     |                                 |
| 20       |                  |      |                                      |                     |                                 |
| 30       |                  |      |                                      |                     |                                 |
| 50       |                  |      |                                      |                     |                                 |

ALL participants must complete the Pre-Screening Survey. This can be completed verbally. Checking YES confirms the Health Screening was passed. Session Participation Tracking is expected to be completed for every on-ice session to facilitate contact tracing in the event of a COVID-19 exposure.