

For the safety of all participants and spectators, and to allow hockey and skating at the Mike Modano Ice Arena, the Arena requires that a Health Check form be completed for each person entering the Arena.

Name: _____

Group/Team: _____

Scheduled Ice Time: _____ Date: _____

Please Circle: Participant or Spectator

Email: _____ Cell Phone #: _____

Since your last visit to Mike Modano Ice Arena, have you experienced any of the following? Please check all that apply.

- A fever (100.4°F or higher) or a sense of having a fever.
- A new cough or shortness of breath that you cannot contribute to another health condition.
- A sore throat that you cannot attribute to another health condition.
- A runny nose that you cannot attribute to another health condition.
- Head or body aches that you cannot attribute to another health condition.
- Nausea, vomiting or diarrhea that you cannot attribute to another health condition.
- Loss of taste or smell that you cannot attribute to another health condition
- Have had contact with someone with COVID-19 in the last 14 days.
- None of the above

If you have experienced any of the following conditions, please refrain from entering the Mike Modano Ice Arena. As a condition of entry into Mike Modano Arena, I agree to follow all Arena requirements for participating or attending events in the Arena, which include the requirement to wear a mask in all areas, including entry locations, parking lots, locker rooms, etc. Other requirements include social distancing.

By signing below, I hereby acknowledge that I affirm the truth of the following statements above:

Participant/Spectator Name (if older than age of 18, please print): _____

Participant/Spectator Signature (if older than age of 18): _____

Guardian Name (if participant is under age of 18, please print): _____

Guardian Signature (if participant is under age of 18): _____

Date: _____