**ALL VISTING TEAM PLAYERS AND COACHING STAFF are REQUIRED to complete a** [**COVID19 self-assessment**](https://covid-19.ontario.ca/self-assessment/)**\*\*** before entrance will be permitted into the Clearview Arenas (Creemore and/or Stayner Arenas). The following attendance tracking sheet must be completed by the visiting team Coaching Staff and submitted to the Home team before the start of the game. This attendance tracking sheet will be used to assist with contact tracing in the event of a COVID-19 exposure as required by Provincial and/or local regulations. This form will be kept by the Clearview Minor Hockey organization for up to March 31/2022.

\*\*By indicating YES in the chart below, you confirm that their Health Screening was completed and the individual passed, as well the individual is fully\* vaccinated.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of the Coaching Staff who completed THIS session participation form:** | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (PLEASE PRINT) | | |
| **Session Location** (circle) | | **Division** | | **Date** | **Time** | |
| Stayner OR Creemore Arena | |  | |  |  | |
| |  | | --- | | **FIRST AND LAST NAME of Participant**  \*\*Player, coaching staff, official, CMH Executive member and/or third-party instructor must be listed for every ice sessions | | | | **Contact Phone Number**  (Parent/Guardian Name & Contact Number OR Email; for players 14+ may provide own number if applicable) | | **HEALTH SCREENING**  **(√ = PASS)** | **Vaccination Proof\***  **(√ = PASS)** |
| **01** |  | |  | |  |  |
| **02** |  | |  | |  |  |
| **03** |  | |  | |  |  |
| **04** |  | |  | |  |  |
| **05** |  | |  | |  |  |
| **06** |  | |  | |  |  |
| **07** |  | |  | |  |  |
| **08** |  | |  | |  |  |
| **09** |  | |  | |  |  |
| **10** |  | |  | |  |  |
| **11** |  | |  | |  |  |
| **12** |  | |  | |  |  |
| **13** |  | |  | |  |  |
| **14** |  | |  | |  |  |
| |  | | --- | | **FIRST AND LAST NAME of Participant**  \*\*Player, coaching staff, official, CMH Executive member and/or third-party instructor must be listed for every ice sessions | | | | **Contact Phone Number**  (Parent/Guardian Name & Number; for players 14+ may provide own number if applicable) | | **HEALTH SCREENING\*\***  **(√ = PASS)** | **Vaccination Proof\***  **(√ = PASS)** |
| **15** |  | |  | |  |  |
| **16** |  | |  | |  |  |
| **17** |  | |  | |  |  |
| **18** |  | |  | |  |  |
| **19** |  | |  | |  |  |
| **20** |  | |  | |  |  |
| **21** |  | |  | |  |  |
| **21** |  | |  | |  |  |
| **23** |  | |  | |  |  |
| **24** |  | |  | |  |  |
| **25** |  | |  | |  |  |

\*Fully vaccinated means fourteen (14) days after an individual has received a completed series of an accepted COVID19 vaccine. Proof of completed COVID19 vaccine series MUST be shown for any Player born in 2009 or earlier; coaching staff, official, CMH Executive and/or third-party instructor; as per the [OMHA Vaccination Policy](https://e-registration.omha.net/OMHAPortal/Download/OMHAVACCINATIONPOLICY(V2).pdf#22212).