

COVID-19 CERTIFICATION

READ CAREFULLY BEFORE SIGNING – PARENT MUST INITIAL EACH PARAGRAPH
BOTH PARTICIPANT AND PARENT MUST SIGN

Please answer the following questions on behalf of yourself as the adult, the HHA participant, and all members of your household (collectively, “we”).

 INITIALS We hereby certify that we will advise Hanover Hockey Association of the answer to any of the below questions is “yes,” or becomes “yes” during, the entirety of the 2020-21 hockey season. We understand that the participant will be asked at the beginning of practices and games whether there are any “yes” answers to the below “COVID questions,” and not be permitted to participate if the answer is yes. We agree that this is a necessary and reasonable safety measure.

1. We have not had any of the following symptoms in the last 14 days: sore throat, cough, chills, body aches for unknown reasons, shortness of breath for unknown reasons, loss of smell, loss of taste, fever at or greater than 100 degrees Fahrenheit.
2. We have not tested positive for COVID-19.
3. We have not cared for an individual who is in quarantine, is a presumptive positive, or has tested positive for COVID-19.
4. We have no reason to believe we or anyone in our household has been exposed to or acquired COVID-19.
5. To the best of our knowledge, we have not been in close proximity to any individual who tested positive for COVID-19.
6. We have complied at all times with all New Hampshire-required quarantine, distancing, and mask requirements (the “Requirements”), including any applicable national, regional, or local Requirements.

Participant Signature _____
Print Name _____
Date _____

Parent or Guardian Signature _____
Print Name _____
Date _____