



## GTHA 2020-2021 Season COVID-19 Self-Screening Questionnaire

Team: \_\_\_\_\_ Coach: \_\_\_\_\_ Player: \_\_\_\_\_ Age: \_\_\_\_\_  
Coach: \_\_\_\_\_  
Mgr/Locker Room Monitor: \_\_\_\_\_

### COVID-19 Parent and Child Self-Screening Questionnaire

The safety of our student athletes, their parents and our coaches, remain GTHA's number one priority. As the coronavirus (COVID-19) outbreak continues, GTHA is monitoring the situation closely and will periodically update our policies and procedures based on current recommendations from the Centers for Disease Control (CDC) and health and safety authorities in state and local governments.

To help prevent the spread of COVID-19 and reduce the potential risk of exposure to our student athletes, parents and coaches, we are conducting a simple screening questionnaire upon your arrival at the rink. Your participation is important to help us take precautionary measures to protect your child(ren) and all others in the rink facility. Thank you for your understanding and cooperation. **Please complete this form and bring it to practice/game or you may email your completed form to your team manager in advance.**

**You and/or your player will not be allowed to participate until this form is received.**

I am: \_\_\_ Parent \_\_\_ Legal Guardian \_\_\_ Other Relative/Adult \_\_\_ Coach \_\_\_ Mgr/LR Monitor

Name: \_\_\_\_\_ Mobile #: \_\_\_\_\_ Email: \_\_\_\_\_

If the answer to question 1 or 2 below is yes, access to the rink facility will be denied.

1. Have you, your child, or anyone else in your immediate family within the past 14 days been diagnosed with COVID-19 or had contact with someone diagnosed with COVID-19?  Yes  No
2. Are you, your child, or anyone else in your immediate family showing any signs of one or more of the following symptoms? Temperature of 100.4 °F or higher, chills, cough, shortness of breath, difficulty breathing, runny nose, sore throat, new loss of taste or smell, muscle pain, or tiredness?  Yes  No
3. If my child experiences or is believed by GTHA Coach Volunteers to be experiencing any of the symptoms set forth above in Question No. 2, while attending a GTHA sanctioned team event, game or practice, we will promptly depart the rink and not return.
4. Is the information you provided on this form true and correct to the best of your knowledge?  Yes  No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_