Creve Coeur Ice Arena – COVID-19 Health Screening Form

Health form may be completed prior to the rental time, but all temperature checks must be completed upon entering the ice arena.

Participant Name _____ Date _____

Participant Age _____ Ice Time _____

Emergency Contact Name _____ Contact Number _____

Anyone who answers yes to any of the following questions or has a fever over 100.4 may not enter the facility under any circumstances.

Are you experiencing any of the following symptoms?	**YES**	**NO**

Cough **Fever** **Shortness of Breath** **Chills**

Muscle Pain **Sore Throat** **New Loss of Taste or Smell**

Is there any reason you should not be entering the facility?	**YES**	**NO**

Temperature at time of entering the facility? _____

By signing below, I verify the information above and agree to abide by the Policies & Guidelines of the Creve Coeur Ice Arena, including COVID-19 Return to Play Guidelines. I have read the Policies & Guidelines and (together with the above named minor if applicable) will abide by them at the event. In addition to acceptance of these policies, I, the undersigned, intending to be legally bound hereby for myself, my heirs, executors and administrators, and above named minor if applicable, agree to indemnify and hold the City harmless from, and waive and release, any and all claims for damage, demands, actions and causes of actions against the City of Creve Coeur, its officials, representatives, employees, successors and assigns, for any and all illnesses, injuries and/or damages occurring during or resulting from my event whether occurring to or caused by me (or the above-named minor if applicable).

Print Name _____ Relationship to Minor (if applicable) _____

Signature _____

*If 15 years of age or under, a parent/guardian/coach must sign.