NJ Heat Events
Team Health Verification Form

Team Name: _____ Date: _____

Head Coach: _____ Checked In By: _____

Coach Email: _____ Insurance Received: _____

	Tournament Use Only: Day 1			Day 2	
Coaches (Up to 4 Including Score Keeper):	**Waiver Received**	**Questionnaire**	**Temperature < 99.5**	**Verify N/C**	**< 99.5**

Players:	**Waiver Received**	**Questionnaire**	**Temperature < 99.5**	**Verify N/C**	**<99.5**