**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 ). The following attendance tracking sheet must be completed by the visiting team and submitted to the Home team before entering into the Arena . 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, at which time will be destroyed.

**\*\*By indicating YES in the chart below, you confirm that their Health Screening was completed and the individual passed,**

**as well as the individual is fully\* vaccinated as per the OMHA Vaccination Policy 2021/2022.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of Team and Coaching Staff member** who completed THIS session participation form: | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (PLEASE PRINT) | | |
| **Session Location** (circle) | | **Division** | | **Date** | **Time** | |
| Stayner OR Creemore Arena | | **U** | |  |  | |
| |  | | --- | | **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** |  | |  | |  |  |
| **26** |  | |  | |  |  |
| **27** |  | |  | |  |  |
| **28** |  | |  | |  |  |
| **29** |  | |  | |  |  |
| **30** |  | |  | |  |  |

\*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).