Smiths Falls Minor Hockey Association

On-Ice Session Participation Contact Tracing

All players/coaches/team staff are expected to complete the COVID-19 Self-Assessment prior to participating in on-ice activity. By attending this ice session, you confirm that the COVID-19 Self-Assessment was completed/passed.

A new tracking sheet must exist for each on-ice session to facilitate contact tracing in the event of a COVID-19 exposure.

Division and Team: _____

Date: ______Time: _____

Location: Smiths Falls Community Centre/Youth Arena (circle one)

Contact/Coach: _____Phone Number:

Participant Name Player / Coach / Team Staff	Phone Number	Present for on-ice session YES / NO