USA Hockey Arena Health Check

For the safety of all participants and spectators, and to allow hockey and skating at USA Hockey Arena, USA Hock requires that a Health Check form be completed for each person entering the Arena.
Name:
Group/Team:
Scheduled Ice Time: Date:
Please Circle: Participant or Spectator
Email:Cell Phone #:
Since your last visit to USA Hockey Arena, have you experienced any of the following? Please check alll that apply.
\Box A fever (100.4°F or higher) or a sense of having a fever.
\square A new cough or shortness of breath that you cannot contribute to another health condition?
\square A sore throat that you cannot attribute to another health condition?
\square A runny nose that you cannot attribute to another health condition?
\square Head or body aches that you cannot attribute to another health condition?
\square Nausea, vomiting or diarrhea that you cannot attribute to another health condition?
\square Loss of taste or smell that you cannot attribute to another health condition?
\square Have had contact with someone with COVID-19 in the last 14 days?
None of the above
As a condition of entry into USA Hockey Arena, I agree to follow all USA Hockey Arena requirements for participating or attending events in the Arena, which includes the requirement to wear a mask in all common areas (not required on the ice), social distancing, entry locations, parking, locker room usage, etc. A full set of these requirements is on the back of this form, and may also be found at usahockeyarena.com.
By signing below, I hereby acknowledge that I affirm the truth of the following statements above:
Participant/Spectator Name (if older than age of 18, please print):
Participant/Spectator Signature (if older than age of 18):
Guardian Name (if participant is under age of 18, please print):
Guardian Signature (if participant is under age of 18):
Date:
14900 BECK ROAD PLYMOUTH, MI 48170 734-453-6400