**Lindsay Minor Hockey**

*Session Participation Tracking*

All participants/coaches/instructors are expected to complete Health Screening prior to each participation in on-ice activity. The Health Screening may be completed verbally.

By indicating YES in the chart below, you confirm that this Health Screening was passed.

The expectation is that a tracking sheet must exist for each on-ice session to facilitate contact tracing in the event of a COVID-19 exposure.

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| **Session Location**  | **Ice Pad**  | **Date**  | **Time**  |
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|   | **Name of each individual included in this session Please list all instructors and participants**   | **coaches,**  | **Contact Phone Number**  | **Health Screening Pass (Yes or No)**  |
| **01**  |   |  |   |   |
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| **27**  |   |  |   |   |

*Session Participation Tracking*