



# The Skating Club of Morris

Parents/Adults must complete the Athlete Admittance Ticket before EACH Club Ice session.  
Skaters without a ticket will NOT be allowed to participate. NO EXCEPTIONS.

ALL SKATERS TEMPERATURES WILL BE TAKEN UPON ENTERING THE RINK.  
ANYONE WITH A TEMPERATURE WILL NOT BE PERMITTED TO SKATE.

Skater Name: \_\_\_\_\_

Does the skater live in the same household or have close contact with someone who in the last 14 days has been in isolation for Covid-19 or had a test confirming the virus?  Yes  No

Has the skater or anyone in the family (household) been in contact with someone who has tested positive for Covid-19 in the last 14 days?  Yes  No

Has the skater exhibited any of the following symptoms today (or within the last 24 hours) which cannot be better explained by any other condition?

Fever	<input type="checkbox"/> Yes <input type="checkbox"/> No	Difficulty breathing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chills	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unusual weakness/fatigue	<input type="checkbox"/> Yes <input type="checkbox"/> No
Repeated shaking/shivering	<input type="checkbox"/> Yes <input type="checkbox"/> No	Loss of taste or smell	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cough	<input type="checkbox"/> Yes <input type="checkbox"/> No	Muscle aches or pain	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sore throat	<input type="checkbox"/> Yes <input type="checkbox"/> No	Runny/congested nose	<input type="checkbox"/> Yes <input type="checkbox"/> No
Shortness of breath	<input type="checkbox"/> Yes <input type="checkbox"/> No	Diarrhea	<input type="checkbox"/> Yes <input type="checkbox"/> No

If "yes" to any of the above, please provide additional information if symptoms are better explained by another condition (e.g. exercise-induced muscle soreness, diagnose seasonal allergies, etc.)

If the skater is experiencing any of the above symptoms prior to the Club Ice session, without an explanation not related to possible Covid -19, the skater is required to STAY HOME until symptom-free.

I certify to the best of my knowledge information is accurate.

Date: \_\_\_\_\_

Parent Name: \_\_\_\_\_