



TEMPERATURE CHECK FORM

TODAY'S DATE: _____

TEAM NAME (PRINT) _____

AGE GROUP: _____

COACHES NAME CONDUCTING TEMPERATURE CHECK (PRINT)

(Any player with Temperature of 100.4 can not play)

TOURNAMENT NAME: _____

TOURNAMENT HOST NAME/CONTACT PERSON (PRINT)

GAME LOCATION (PRINT): _____

(Temperature Check to completed once daily unless showing symptoms)

UNIFORM # (Allow 20 lines for uniform numbers)

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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- **FORM IS TO BE SUBMITTED TO TOURNAMENT HOST PRIOR TO ANY PRACTICE/WARMING UP 1ST THING IN THE DAY***