

LAYHA Check-In Form

Please submit this when entering Jay Peak Ice Haus

Date: _____ Team (circle): 8U / 10U / 12U / 14U

Player's Name: _____

Home Town: _____

Contact Phone: _____

Parent's Name (if entering rink): _____

Have you been in close contact with a person who has COVID-19 in the past 14 days? If yes, have you been directed by the Department of Health to quarantine? **YES / NO**

Have you traveled outside Vermont in the past 14 days? If yes, have you complied with Vt. quarantine rules? **YES / NO**

Do you feel unwell or have COVID symptoms? **YES / NO**

Temperature (take at home if possible): _____

LAYHA Contact: Andrew McGregor - 802-917-2832

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