LAYHA Check-In Form

Please submit this when entering Jay Peak Ice Haus

	_ Team (circle): 8U / 10U / 12U / 14U		
Player's Name:			
Home Town:			
Contact Phone:			
•	ntering 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: Andr	rew McGregor - 802-917-2832		
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Date: Player's Name: Home Town: Contact Phone: Parent's Name (if e Have you been in clos	_ Team (circle): 8U / 10U / 12U / 14U Intering rink): se contact with a person who has		
Date: Player's Name: Home Town: Contact Phone: Parent's Name (if e Have you been in clos COVID-19 in the past	Team (circle): 8U / 10U / 12U / 14U		
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