



CABIN JOHN ICE RINK

PRE – GAME HEALTH SCREENING CONFIRMATION

Team Name: _____

Team Manager/Representative: _____

Date of Game: _____

Time of Game: _____

Per Addendum A (Modified Ice Hockey) to the Maryland Return to Play guidelines, I _____
Team Manager/Representative
do hereby confirm that all players, coaches, managers and volunteers associated with my organization
received a pre-game health prior to entering the Cabin John Ice Rink on _____
Date
in accordance with CDC guidelines

Signature

Date