SARATOGA SPRINGS FIGURE SKATING CLUB

COVID-19 Certification Form

This form must be completed by all skaters and coaches each time they attend an ice session. Please complete this form before arrival to an SSFSC ice session. YOU WILL NOT BE ABLE TO ENTER THE ICE BEFORE YOU CHECK IN.

Name:			
Cell Phone:			
Parent/Guardian Cell Phone:			
Address:	Street:		
	City:	State:	Zip:
Skater Coach:			
To be completed by Session Supervisor:	Temperature below 100.4: YES ◯	NO ◯	

Certification of Symptoms: I certify to the best of my ability that the information below about myself/skater is accurate.

COUGH	YES ◯	NO ◯
SHORTNESS OF BREATH OR DIFFICULTY BREATHING	YES ◯	NO ◯
FEVER	YES ◯	NO ◯
CHILLS	YES ◯	NO ◯
REPEATED SHAKING WITH CHILLS	YES ◯	NO ◯
MUSCLE PAIN	YES ◯	NO ◯
HEADACHE	YES ◯	NO ◯
SORE THROAT	YES ◯	NO ◯
NEW LOSS OF TASTE OR SMELL	YES ◯	NO ◯
Have you traveled to a NYS restricted state within the last 14 days and are you currently required to be under quarantine	YES ◯	NO ◯

I agree to the statement above and release the Saratoga Springs Figure Skating Club from any and all liability for unintentional exposure or harm due to COVID-19.

_____ _____

Signature Date

_____ _____

Parent/Guardian Signature if Skater is under 18 years old Date

If you answer YES to any of these questions we ask that you DO NOT ENTER the facility. In order for the SSFSC to continue to offer ice we must be able to maintain safety for all participants.

If you answer NO to all questions, your temperature will be taken with a no touch thermometer upon arrival and check in at the rink. If you have a temperature greater than 100.4◦ F, you will not be able to enter the facility.

Masks are required for all participants while in the building. Masks are strongly recommended while on the ice, especially when social distancing cannot be implemented.

September 1, 2020