



Symptom Survey

- A fever (100.4 F or higher) or a sense of having a fever
- A new cough or shortness of breath that you cannot contribute to another health concern
- Chills/shaking chills
- Head or body aches that you cannot attribute to another health concern
- Nausea, vomiting or diarrhea that you cannot attribute to another health concern
- Loss of taste or smell that you cannot attribute to another health concern
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- New URI symptoms (sore throat, nasal congestion, rhinorrhea)
- New Diarrhea that you cannot contribute to another health concern

GVN Performance Procedures

GENERAL

- ★ All guests must adhere to six-foot social distancing when possible.
- ★ Masks or face coverings are required at all times
- ★ No outside food or beverage (excluding water) is allowed within USA Hockey Arena.
- ★ GVN Performance and USA Hockey Arena entrances are separate. The Arena will be accessed only through the main lobby. GVN will be accessed only in the rear of the building at the tent and garage doors. No cutting through the arena between areas.

PRE-ARRIVAL

- ★ All athletes must complete the GVN waiver prior to training (parents will need to complete if the athlete is a minor)
- ★ Health-check forms will be required for each guest entering the building. To save time at check-in, you can print the form out in advance

ARRIVAL

- ★ Participants can be dropped off at the rear of the building near the tent.
- ★ Each entrant must have the USA arena health check form completed. minors must have a guardians signature on the form to enter.
- ★ All athletes will need to check in at the tent. GVN will confirm health forms are completed and temperature checks will be conducted.

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DURATION

- ★ All must adhere to 6-foot social distancing when possible.
- ★ All athletes will need to bring their own water bottles.

GVN Performance Health Check

For the safety of all participants and spectators, and to allow training at GVN Performance, GVN requires that a Health Check form be completed for each person entering the Arena/gym.

Name: _____

Group/Team: _____

Scheduled off-ice Time _____ Date: _____

Email: _____ Cell Phone# _____

Please Circle: Participant or Spectator

Since your last visit to the GVN Performance, have you experienced any of the following? Please check all that apply.

- A fever (100.4°F or higher) or a sense of having a fever.
- A new cough or shortness of breath that you cannot attribute to another health condition?
- A sore throat that you cannot attribute to another health condition?
- A runny nose that you cannot attribute to another health condition?
- Head or body aches that you cannot attribute to another health condition?
- Nausea, vomiting or diarrhea that you cannot attribute to another health condition?
- Loss of taste or smell that you cannot attribute to another health condition?
- Have you been in close contact with someone who has tested positive for Covid-19?
- None of the above

If you have experience any of the following condition, please refrain from entering GVN performance

As a condition of entry into GVN Performance, I agree to follow all GVN Performance requirements for participating or attending events in the Gym, which include the requirement to wear a mask in all areas, social distancing, entry locations, parking, etc. A full set of these requirements are on the back of this form, and may also be found at gvnperformance.com

By signing below, I hereby acknowledge that I affirm the truth of the following statements above:

Participant/Spectator Name (if older than age of 18, please print): _____

Participant/Spectator Signature (if older than age of 18): _____

Guardian Name (if participant is under age of 18, please print): _____

Guardian Signature (if participant is under age of 18): _____

Date: _____