



DATE:	Arena:	Start time:	End time:
Team Safety Person	Safety person contact number	TEAM NAME	
Number	Name	Contact Number	Screen Clear
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- Use TeamSnap as the basis for filling out this form, please include any bench staff or skills coach attending and review the Health Screen of all attending
- The arena should be Leaside A or B
- Once filled out, please send to annadonadio@leasidegardens.com before or soon after your ice time