

WSC RETURN TO RINKS OREGON COVID-19 QUESTIONNAIRE

The safety of our staff, students, partners, families and visitors remain Winterhawks Skating Center's overriding priority. As the coronavirus disease (COVID-19) outbreak continues to evolve and spread globally, WSC staff are continuing to monitor the situation closely and will periodically update our policies and guidance based on current recommendations from the Centers of Disease Control and Prevention, the World Health Organization, Federal and State Governments, and USA Hockey/Figure Skating Headquarters. Currently, only business critical visitors are permitted within the WSC facility.

To prevent the spread of COVID-19, to reduce the potential risk of exposure to our staff, families and visitors, and meet Oregon Health Authority tracking requirements we are requiring a simple screening questionnaire. This is important to help us take precautionary measures to protect you and everyone within our facility. This form will be held confidentially and destroyed in 120 days. We appreciate your cooperation.

Each time upon entering the facility, a log will be kept with name, date and time. When logging in, a skater/staff/visitor is attesting and confirming the questions below are still "NO" answers and nothing has changed. Parents also confirm they have done a daily assessment of well-being including a temperature check confirming it is below 100.4 degrees.

Parents/Guardians agree to keep a weekly log of who drops off and picks up their child. This may be requested by the WSC as part of our contract tracing protocols.

NAME(S) OF PERSON(S) ENTERING BLDG (PRINT) 1) _____ 2) _____	PHONE NUMBERS: EMERGENCY Cell: _____ Parent/Guardian/ Backup Emergency Cell: _____
VISITOR(S) COMPANY/ORGANIZATION <input type="checkbox"/> WSC Staff, Student, Parent <input type="checkbox"/> Other (Print name and phone number below) Name & Cell:	
PURPOSE OF VISIT: <input type="checkbox"/> Hockey (class/lesson) <input type="checkbox"/> Figure Skating (class/lesson) <input type="checkbox"/> Coach/Staff Member <input type="checkbox"/> Student <input type="checkbox"/> Parent/Legal Guardian/Other adult <input type="checkbox"/> Other (please describe in detail, including parts of facility accessed)	

SELF-DECLARATION BY SKATER/PARENT/GUARDIAN/STAFF/VISITOR

1. Have you or anyone close to you been outside of the country within the last 14 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you or anyone close to you been to a high-risk state or city within the last 14 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you had close contact or cared for someone diagnosed with COVID-19 within the last 14 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you or anyone close to you had a fever, experienced any cold or flu-like symptoms (to include cough, fever, chills, sore throat, respiratory illness, difficulty breathing, loss of smell or taste), or been diagnosed with similar illness within the last 14 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> I understand I may not enter the facility more than 15 minutes prior to my appointment and must leave immediately after while keeping a 6 ft distance from others. <input type="checkbox"/> I agree to wash/sanitize my hands upon entering the facility <input type="checkbox"/> I understand that I must clean any hard-surfaced equipment I use, before and after using, with disinfectant towels, or soap and water. <input type="checkbox"/> I understand that my water bottle(s) and other personal belongings/trash must be removed by me and taken home. <input type="checkbox"/> I agree to sign in with date and time for each visit and affirm the questions above remain "NO"	
<p><i>A yes answer to any of the above will result in the visitor being denied access to the building.</i></p>	

Privacy Statement: The information contained on this document will be used by WSC Staff only and will be shared only upon request by the Oregon Health Authority. This record will be destroyed in 120 days.

Signature of skater _____ Date: _____

Signature of Parent/Guardian/Visitor _____ Date: _____

This form is to be completed and emailed to info@winterhawkssc.com 24 hours prior to the first visit.