NJ Heat Events Team Health Verification Form

Team Name:		Date:			
Head Coach:	Checked In By:				
Coach Email:	Insurance Received:				
	Tournament Use Only: Day 1			Day 2	
Coaches (Up to 4 Including Score Keeper):	Waiver Received	<u>Questionnaire</u>	Temperature < 99.5	Verify N/C	<u>< 99.5</u>
Playares	Waiver Received	Questionnaire	Temperature < 99.5	Varify N/C	<99.5
<u>Players:</u>	<u>vvalver kecelved</u>	Questionnaire	remperature < 99.5	verny N/C	<u> </u>