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**Thorhild Minor Hockey Association**  
thorhildminorhockey.com  
PO Box 31, Thorhild AB ToA 3J0

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**Thorhild Minor Hockey**  
**Record Keeping and Public Health Contract Tracing Consent Form**

As a part of THMA protocols all coaches will have a roster at each practice/game so there is a record of which individuals were present. The roster will include all players, coaches, parent helpers and their contact information.

Collection of this information is to support public health contact tracing efforts in the event that an attendee tests positive for COVID-19. Collection of this information will only be used for this purpose and remains confidential. The information will only be passed on if requested by an AHS public health investigator, all rosters will be properly destroyed after 4 weeks.

I, \_\_\_\_\_, am the legal guardian of \_\_\_\_\_ and hereby authorize, Thorhild Minor Hockey Association in the collection and use of personal information as stated above.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian