



ERROR CORRECTION FORM - TeamSnap Health Check

Please use this form in the event that you have made an error when submitting your Health Check or if there is a special circumstance for failing the Health Check that still allows participation in hockey. This form should be completed and given to the Head Coach or Manager of your team, who will be responsible for submitting to the appropriate association representative.

Name of Participant: _____

Date: _____

Time: _____

Facility: _____

Association: _____

Cohort Name: _____

Team Name: _____

Reason for Correction:
