**COVID-19 Attendance Register**

**Training register of attendees (to support “Test & Protect”)**

*This must be populated prior to session and completed by individual coaches*

**Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Recorded by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Arrival Time** | **Departure Time** | **Full Name** | **Phone** | **Email** | **Role****(coach, participant, volunteer, etc.)** | **Emergency Contact Name** | **Emergency Contact Number** | **In the last 14 days have you:**1. Had any COVID-19 symptoms?
2. Been in contact with any confirmed or suspected COVID-19 cases?
3. Travelled internationally?
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