

ATTENDANCE CHECKLIST

Date	
Team/Club	
Venue	
Person completing this form	

ATTENDANCE DETAILS			TIME IN	TIME OUT	In the previous 14 days, have you:
	Participant Name	Contact Number			<ul style="list-style-type: none"> • Had any COVID-19 symptoms? • Been in contact with any confirmed/suspected COVID-19 case? • Have you been present at COVID-19 hotspot in the previous 14 days? • Travelled internationally?
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