

TEAM: _____

DATE: _____

LOCATION: _____

TIME: _____

	PLAYER NAME	COVID CHECK RECEIVED	
		ONLINE	PAPER
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

	PARENT / GUARDIAN SPECTATOR NAME	COVID CHECK RECEIVED	
		ONLINE	PAPER

*cross off players or staff that do not attend session

	Misc. / Staff Name	COVID CHECK RECEIVED	
		ONLINE	PAPER
1			
2			
3			
4			
5			



Safety Officer Name

Safety Officer Signature