COVID-19 ATTENDANCE REGISTER

Who attended the session? This should include the names of coaches, parents and any other individual in attendance at the session.



NAME	CONTACT NUMBER	ANY SYMPTOMS REPORTED (Y/N)	NOTES (including noting whether they were asked to leave the session for any reason)
		<u> </u>	

Dia you deliver a pr	re-session briefing to those in attendance? YE	S	NO	
Did you deliver a se NO		YES		
	ne session early, due to feeling unwell or displa ase record their name(s):	aying symp	otoms durin	g the
Did anyone receive	treatment for an injury during the session?			
NAME	TREATMENT ADMINISTERED	PE	RSON OFFE	
			EATMENT	RING
				ERING
				ERING
NB: Please specify i	in the <i>Treatment Administered</i> section if the individ	TR	EATMENT	
NB: Please specify i	in the <i>Treatment Administered</i> section if the individ	TR	EATMENT	
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