

Ayrshire Tigers Powerchair Club Attendance Register

(including further screening)

Register of attendees (pre-populate in advance if possible and one person administers at the session)

Activity: _____ Location: _____ Date: _____

Arrival time	Depart time	Full name	Phone	Role i.e. Coach/ Participant/ Chaperone/ Volunteer	Emergency contact name if not staying at the session	Emergency contact number If not staying at the session	In the previous 14 days, have you: <ul style="list-style-type: none"> • Had any COVID-19 symptoms? • Been in contact with any confirmed/suspected COVID-19 case? • Travelled internationally?

Arrival time	Depart time	Full name	Phone	Email address	Role i.e. Coach/ Participant/ Chaperone/ Volunteer	Emergency contact name	Emergency contact number	In the previous 14 days, have you: <ul style="list-style-type: none">• Had any COVID-19 symptoms?• Been in contact with any confirmed/suspected COVID-19 case?• Travelled internationally?