**CLUB LOG OF SESSION ATTENDANCE**

All attendees names attending session must be included for health and safety purposes or if required for COVID-19 tracing.

|  |  |  |  |
| --- | --- | --- | --- |
| **Sport or Activity** |  | **Location of Session** **(insert address)** |  |
|  |  |  |  |
| **Date** |  | **Start time and****End time of the session** |  |
|  |  |  |  |
| **Name of COVID-19 Coordinator / Activity Lead for the session** |  |

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| Place an X in either the Yes or No box to indicate if there is a change in the health of the individual since completing their Pre Return Self Declaration Form |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of attendee** | **YES** | **NO** |  | **Name of attendee** | **YES** | **NO** |
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Informal education may include:

* Don’t Share water bottles
* Wash hands before and after training
* No physical greetings or celebrations i.e. do not shake hands, hug, fist bump or high five
* Adhere to physical distancing measures
* Don’t spit or clear nasal passages during training / activities
* If you feel unwell, notify your coach immediately