**A picture containing food, blue

Description automatically generatedBathgate Thistle CFC Attendance Register**

(including screening)

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

**Team Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age Group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Person Running Session: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| 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:   * Had any Coronavirus (COVID-19) symptoms? * Been in contact with any confirmed/suspected Coronavirus (COVID-19) case? * Travelled internationally? |
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