

RMMSA Softball BC Return to Play: Attendance Tracking From

This form is to be used anytime there is a softball activity taking place within your association. This includes meetings, practices, skill development clinics/camps, games, coaching clinics, umpire clinics, field clean up. Any and all activities must have **ALL** attendees tracked. This is a requirement of the BC Ministry of Health and a requirement of sanctioning by Softball BC.

This form MUST be returned to your Association/Club Contact Person and records held for a minimum of 90 days by the association/club.

This area must be completed by the Attendance Tracker for this Activity (all fields are mandatory)

Date: _____ Park/Location: _____

Physical Address of Activity, if not a park of facility:

Type of Activity: (Circle) 1. Practice 2. Game 3. Skill Development or Camp

4. Meeting (includes umpire and coaches training)

Name of tracker:	Email:	
	Additional Comments Below:	
Phone number:	Additional Comments Below:	
Phone number:	Additional Comments Below:	

Please collect the following information from EVERY participant/spectator at this activity. This information is critical should an outbreak occur around the time of this activity. It is important that the BC Health Authority has access to this information quickly so that all persons in attendance can be contacted.

Screening questions:

Are you exhibiting any symptoms of COVID-19 (fever, dry cough, chest or respiratory pain?)
Has any member of your household exhibited any symptoms of COVID-19 within the last 14 days?
Have you or any other member of your household arrived from outside Canada in the past 14 days?

Atten				Yes to any			
ding	Name of Attendee	Phone Number	Email	screening quest.	Notes		
0							
0							
0							
0							
0							
0							
0							
0							
$-\Theta$							
$-\Theta$							
$\overline{}$							
$\overline{0}$							
$\overline{0}$							
$\overline{\mathbf{O}}$							
Õ							
Õ							
Ō							
0							
0							
0							
0							
0							
0							
0							
0							
0							
\bigcirc							
0							
$\overline{}$							
$\overline{0}$							
ŏ							
Õ							
Ŏ							
Õ							
0							
B	R Date:_	Time:	Complet	ed by:			

Location:_____