



TRAINING ATTENDANCE RECORD



All trainings must be conducted in accordance with the Softball ACT Return to Softball Guidelines – May 2020

Name of Club/Association: _____

Team & Division: _____

Session Date: _____

Completed by: _____

	First Name	Last Name	COVIDSafe app installed?	Wash hands on arrival?	Personal Sanitizer?	Time In	Time Out
1			Yes/No/Prefer not to say				
2			Yes/No/Prefer not to say				
3			Yes/No/Prefer not to say				
4			Yes/No/Prefer not to say				
5			Yes/No/Prefer not to say				
6			Yes/No/Prefer not to say				
7			Yes/No/Prefer not to say				
8			Yes/No/Prefer not to say				
9			Yes/No/Prefer not to say				
10			Yes/No/Prefer not to say				
11			Yes/No/Prefer not to say				
12			Yes/No/Prefer not to say				
13			Yes/No/Prefer not to say				
14			Yes/No/Prefer not to say				
15			Yes/No/Prefer not to say				
16			Yes/No/Prefer not to say				
17			Yes/No/Prefer not to say				
18			Yes/No/Prefer not to say				
19			Yes/No/Prefer not to say				
20			Yes/No/Prefer not to say				

ALL PERSONS ATTENDING MUST BE RECORDED (INCLUDES COACH, PLAYERS, PARENTS, CARERS, OFFICIALS, SPECTATORS, VOLUNTEERS)