**Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time from\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Teams Playing EBUFC\_\_\_\_\_\_\_\_\_\_\_\_\_ v \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Covid-19 Register for matches**

To be completed and monitored by lead member of coaching team in each area. All attendees are initialling the form to confirm they have read the Corona Virus Questionnaire and have answered no to all the questions they agree to this form going to track and Trace if someone in the group tests positive. This form must be sent to the Covid officer after the session/match is complete. Beverleysian Motley beverleysian@hotmail.com

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name**  **(Maximum 30 people)** | **Contact Number** | **Role (player/ref/**  **parent**  **/coach etc)** | **Present** | **Self- Assessed?**  **Initial to confirm** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |