June 2020

Covid-19 Squad Register

To be completed by lead member of coaching team in each area & sent to Covid officer after session is complete, email beverleysian@hotmail.com

Date of training session	**DD/MM/YYYY**	**Time 00:00 to 00:00**	Att.
Coach in charge of session	**Emergency Contact Number**	**E-mail address**	
B1-			
B2-			
B3-			
B4-			
B5-			
B6-			
Player's Name	**Emergency Contact Number**	**E-mail address**	Att.
Bubble 1			
Bubble 2			
Bubble 3			
Bubble 4			
Bubble 5			