



association/club.

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

Full Name		Phone Number	
Email		Date of Activity	
Location/Park Name of Activity		Physical Address of Activity, if not a park or public facility	
Type of Activity	<input type="radio"/> Practice <input type="radio"/> Game <input type="radio"/> Skill Development Camp/Clinic <input type="radio"/> Meeting <input type="radio"/> Coaching or Umpire Clinic		

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.

<b>Name:</b>		<b>Email or phone number</b>	
	1. Are you exhibiting any symptoms of COVID-19 (fever, dry cough, chest or respiratory pain?). Yes. No		2. Has any member of your household exhibited any symptoms of COVID-19 within the last 14 days? Yes. No
	3. Have you or any other member of your household arrived from outside Canada in the last 14 days? Yes. No		4. Have you been in close contact with anyone who has been confirmed to have COVID-19 in the last 14 days? Yes. No
1			
	1. Are you exhibiting any symptoms of COVID-19 (fever, dry cough, chest or respiratory pain?)		2. Has any member of your household exhibited any symptoms of COVID-19 within the last 14 days?
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2			

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<b>3</b>			
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<b>4</b>			
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<b>5</b>			
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<b>6</b>			
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<b>7</b>			

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8	
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9	
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10	
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11	
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12	

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<b>13</b>		
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<b>14</b>		
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<b>15</b>		
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<b>16</b>		

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17

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18

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19

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20

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<b>21</b>		
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<b>22</b>		
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<b>23</b>		
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<b>24</b>		

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25		
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26		
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27		
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28		

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29		
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30		
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31		
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