

**SCPGHA Tracking Form**

**LIST OF ALL PEOPLE IN ATTENDANCE**

DATE OF ACTIVITY: \_\_\_\_\_ TIME FRAME: \_\_\_\_\_

PLACE: \_\_\_\_\_ COACH: \_\_\_\_\_

OTHER DETAILS: \_\_\_\_\_

*Team, Rink#*

NAME OF PERSON IN ATTENDANCE	ROLE Eg: Player, Staff, Parent	Contact Number	EMAIL	SCREENING STATUS If not pass, sent home
1	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			
2	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			
3	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			
4	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			
5	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			
6	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			
7	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			
8	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			
9	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			
10	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			
11	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			
12	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			

OWHA/SCPGHA Tracking Form

13	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			
14	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			
15	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			
16	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			
17	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			
18	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			
19	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			
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21	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			
22	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			
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25	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			
26	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			
27	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			
28	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			

Date: \_\_\_\_\_ Screener: \_\_\_\_\_

OWHA/SCPGHA Tracking Form

29	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			
30	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			
31	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			
32	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			
33	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			
34	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			
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37	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			
38	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			
39	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			
40	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			
41	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			
42	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			
43	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			
44	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			

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OWHA/SCPGHA Tracking Form

45	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			
46	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			
47	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			
48	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			
49	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			
50	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			

Please keep all completed forms until they are able to be submitted to the Director of Risk Management.

Date: \_\_\_\_\_ Screener: \_\_\_\_\_