

ATTENDANCE TRACKING FORM

Program: _____

Program Location/Venue: _____

Safety Volunteer Name: _____

The proof of COVID-19 vaccination is being recorded here only to make it easier for each member to access this SOBC program moving forward (so you don't have to show your BC Vaccine Card at every practice). Any members with questions are invited to review the [SOBC Privacy Policy](#) for information on SOBC's commitment to protecting their information.

ATHLETE/COACH	Vaccine Card	Date	Date	Date	Date	Date	Date

Return to Sport

ATHLETE/COACH	Vaccine Card	Date	Date	Date	Date	Date	Date

Return to Sport

ATHLETE/COACH	Vaccine Card	Date	Date	Date	Date	Date	Date

