ATTENDANCE TRACKING FORM

Program:

Program Location/Venue:

Safety Volunteer Name: _____

Participants are asked to write their initials in the Vaccine Card column, to consent to recording your proof of your COVID-19 vaccination status. This is being recorded here only to make it easier for you 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 <u>SOBC Privacy Policy</u> for information on SOBC's commitment to protecting their information.

ATHLETE/COACH	Vaccine Card	Date	Date	Date	Date	Date	Date

Return to Sport

;	215 Ar	
	(JK)	

ATHLETE/COACH	Vaccine Card	Date	Date	Date	Date	Date	Date

Return to Sport

;	215 Ar	
	(JK)	

ATHLETE/COACH	Vaccine Card	Date	Date	Date	Date	Date	Date