Attendance Register - Waterloo Girls Minor Hockey Association

Date of Activity (MM/DD/YYYY): ____________________ **Time of Activity (include AM/PM):** ______________

Location (List name of facility and ice pad, if applicable): ____

Lead Person Name: __________________________________ **Lead Person Contact #:** ___________________________

Lead Person Email: ___________________________

Activity Special Notes (if applicable): ____

Name of Person in Attendance (Please print clearly)	Contact Phone Number (Please print clearly)	Contact Email Address (Please print clearly)	Health Screening Questionnaire Successfully Completed and Passed?	Medical Form Received (NR - Not Required)

Please email completed attendance register to **attendance@waterlooravens.com** immediately upon completion of activity