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)	Role (eg; Staff, Player, Parent)	Contact Phone Number (Please print clearly)	Contact Email Address (Please print clearly)	Screening Questionnaire Successfully Completed and Participant passed?