

Ringette BC Return to Play: Attendance Tracking Form

This form is to be used anytime there is a ringette activity taking place within your Club-Association. This includes meetings, practices, skill development clinics, camps, games, coaching clinics, referee clinics, and outreach activations. Any and all activities must have **ALL** attendees tracked. This is a requirement of the BC Ministry of Health and a requirement of sanctioning by Ringette BC.

This form **MUST** be returned to your Club-Association Contact Person and records held for a minimum of 90 days by the Club-Association. For Outreach activations such as Come Try Ringette a separate attendee sheet should also be kept.

This area must be completed by the Attendance Tracker for this Activity (all fields are mandatory)

Full Name		Phone Number	
Email		Date of Activity	
Name of Location Activity		Physical Address of Facility	
Type of Activity	<input type="radio"/> Practice <input type="radio"/> Game <input type="radio"/> Skill Development Camp/Clinic <input type="radio"/> Meeting <input type="radio"/> Coaching or Referee Clinic	Total number of Attendees including spectators, coaches, etc.	
Administrative Use ONLY	Received by: _____ Position/Title: _____	Date Received: _____ Association: _____	

Please collect the following information from EVERY PARTICIPANT at this activity. This information is critical should an outbreak occur around the time of this activity. It is important that the BC Health Authority has access to this information quickly so that all persons in attendance can be contacted.

The questions noted below should be asked at every ringette related activity. If a participant responds YES to any of the screening questions, they will not be permitted to participate in the activity that day and will be sent home. All answers and attendees are tracked on the Attendance Tracking sheet. If a participant responds YES to question 1, they are not permitted to participate in any ringette activities and should be directed to complete the BC Self-Assessment tool.

PLEASE USE ADDITIONAL SHEETS IF MORE THAN 10 PEOPLE ARE IN ATTENDANCE FOR THIS ACTIVITY.

Date of Activity: _____

Screening Questions - Please ask all PARTICIPANTS the following questions:

1. Are you exhibiting any symptoms of COVID-19 such as, fever, dry cough, chest or respiratory pain?
2. Has any member of your household exhibited any symptoms of COVID-19 within the last 14 days and been advised to self-isolate?
3. Have you or any other member of your household arrived from outside of Canada in the past 14 days and is/are under quarantine order?

Attendees Full Name	Email	Phone Number	Answer to Attestation
1.			1. YES / NO 2. YES / NO 3. YES / NO
2.			1. YES / NO 2. YES / NO 3. YES / NO
3.			1. YES / NO 2. YES / NO 3. YES / NO
4.			1. YES / NO 2. YES / NO 3. YES / NO
5.			1. YES / NO 2. YES / NO 3. YES / NO
6.			1. YES / NO 2. YES / NO 3. YES / NO
7.			1. YES / NO 2. YES / NO 3. YES / NO
8.			1. YES / NO 2. YES / NO 3. YES / NO
9.			1. YES / NO 2. YES / NO 3. YES / NO
10.			1. YES / NO 2. YES / NO 3. YES / NO

Date of Activity: _____

Screening Questions - Please ask all PARTICIPANTS the following questions:

1. Are you exhibiting any symptoms of COVID-19 such as, fever, dry cough, chest or respiratory pain?
2. Has any member of your household exhibited any symptoms of COVID-19 within the last 14 days?
3. Have you or any over member of your household arrived from outside of Canada in the past 14 days?

Attendees Full Name	Email	Phone Number	Answer to Attestation
1.			1. YES / NO 2. YES / NO 3. YES / NO
2.			1. YES / NO 2. YES / NO 3. YES / NO
3.			1. YES / NO 2. YES / NO 3. YES / NO
4.			1. YES / NO 2. YES / NO 3. YES / NO
5.			1. YES / NO 2. YES / NO 3. YES / NO
6.			1. YES / NO 2. YES / NO 3. YES / NO
7.			1. YES / NO 2. YES / NO 3. YES / NO
8.			1. YES / NO 2. YES / NO 3. YES / NO
9.			1. YES / NO 2. YES / NO 3. YES / NO
10.			1. YES / NO 2. YES / NO 3. YES / NO

PLEASE USE ADDITIONAL SHEETS IF MORE THAN 10 PEOPLE ARE IN ATTENDANCE FOR THIS ACTIVITY.



Date of Activity: _____

PLEASE USE ADDITIONAL SHEETS IF MORE THAN 10 PEOPLE ARE IN ATTENDANCE FOR THIS ACTIVITY.