**Contact Tracing Log for [*Insert Club Name*]**

All athletes, coaches, volunteers, and **parents/guardians who drop off** their children must be included in this log. The log can be completed on-site or electronic and sent to (Insert Club Email here). Note that detailed information is only required for non-expected participants. Addresses and other contact info is on file for club participants. (Name + phone number or email confirmation is sufficient).

The information collected on this document is being collected to assist in the management of the Covid 19 pandemic. This information will be kept in a safe and secure location and will be provided if requested for contact tracing services.

[***Insert Club Name***] will not use this information for any other purpose and will destroy this record after six weeks.

Under Privacy Regulations, you have a right to access and correct any information that is held about you.

Practice Information:

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| Date: | Location:  | Scheduled Time of Session \_\_\_\_\_\_\_\_\_\_ TO \_\_\_\_\_\_\_\_\_ |

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| Full Name: | *Phone* | *Email* | *Daily Health Monitoring Confirmation**Did you answer ‘no’ to all Health Monitoring questions prior to coming to practice* | Time-In | Time-Out |
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| Full Name: | *Phone* | *Email* | *Daily Health Monitoring Confirmation**Did you answer ‘no’ to all Health Monitoring questions prior to coming to practice* | Time-In | Time-Out |
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