



# Mumbles Rangers Covid-19 Compliance 2020-21 Season



## Coaches Training Registration

Date.....Time.....Venue.....

PLAYERS NAME	PARENT CONTACT NAME/PHONE	COACHES NAME	CONFIRM NO COVID SYPTOMS	ALLOCATE BALL	ALLOCATE BIB	CONFIRM WATER BOTTLE	CONFIRM HANDSANITIZER	DEPART Tick when left

**PLEASE RETAIN THIS SHEET SECURELY** It may be required for Track and Trace

**FORM A**



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