World Martial Arts - TRAINING ATTENDANCE REGISTER

[Club Name] Register of attendees

Activity: _____ Location: _____ Date: _____

Arrival Time	Departure Time	Full Name	Phone	Email address	Club	Role	In previous 14 days: - Any COVID-19 symptoms; - In contact with a confirmed/ suspected COVID-19 case; - International travel?	Downloaded and using COVIDSafe app?

Note: Attendance information is collected in accordance with the WMAA Privacy Policy

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