



BCMBA COVID-19 Event Attendee Tracking Form

- * This form is to be used anytime there is any BCMBA Member Association sanctioned event taking place within your association.
- * This includes meetings, practices, skill development clinics/camps, games, coaching clinics, umpire clinics, field clean up.
- * 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 BC Amateur Baseball Association (Baseball BC).
- * This form MUST be returned to your Association/Club Contact Person and records held for a minimum of 30 days by the association/club before being destroyed.
- * Please collect the following information from EVERY participant/spectator 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.
- * It is recommended that you have a checklist for verbal symptom screening in the event that an attendee has failed to self-assess prior to arriving at the event


ACTIVITIES MUST NOT EXCEED 49 PEOPLE

BCMBA COVID-19 Event Attendee Tracking Form

	Last Name, First Name	Email Address	Phone Number	Player/Parent/Volunteer	Verbal Symptom Screening Done
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Manager/Coaches

	Last Name, First Name	Address	Phone Number	HC/Asst./Mgr.	Verbal Symptom Screening Done
1					
2					
3					
4					

Division:	Event Type:	Date:	
Association Name:	Site Address:		
Attendance Tracker Full Name:			
Email:			
Phone:	Email:		

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	Last Name, First Name	Email Address	Phone Number	Player/Parent/Volunteer	Verbal Symptom Screening Done
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
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45					
46					
47					
48					

Division:	Event:	Date:	Association Name:
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Attendance Tracker Full Name:	
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	Last Name, First Name	Email Address	Phone Number	Player/Parent/Volunteer	Verbal Symptom Screening Done
49					
50					
51					
52					
53					
54					
55					
56					
57					
58					
59					
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76					

ACTIVITIES MUST NOT EXCEED 49 PEOPLE

Division:	Event:	Date:	Association Name:
Attendance Tracker Full Name:			