

VENUE SIGN-IN SHEET



Date: _____

Venue Name: _____

Venue Time: _____

Captain (*Print Full Name*): _____

Ball Count: Out _____ Returned _____

Damaged _____ Missing _____

Level: _____

BY SIGNING THIS SIGN-IN SHEET YOU CONFIRM THAT: to the best of your knowledge you are COVID free; you have not spent more than 15 minutes within 6ft/2m of anyone who tested positive for COVID19 in the past 14 days; you take reasonable steps not to be exposed to COVID19; you take the sole responsibility for the risks of participating in Club activities; and you understand that St. Albert Pickleball Club reserves the right to remove you from the facilities or programs for any reason.

PLAYERS' NAMES *(Print full name legibly)*

| | | | |
|----|----|----|----|
| 1 | 13 | 25 | 37 |
| 2 | 14 | 26 | 38 |
| 3 | 15 | 27 | 39 |
| 4 | 16 | 28 | 40 |
| 5 | 17 | 29 | 41 |
| 6 | 18 | 30 | 42 |
| 7 | 19 | 31 | 43 |
| 8 | 20 | 32 | 44 |
| 9 | 21 | 33 | 45 |
| 10 | 22 | 34 | 46 |
| 11 | 23 | 35 | 47 |
| 12 | 24 | 36 | 48 |

Junior Players: *Player # and Name of Responsible Adult*

VISITORS: *Name & Initials to Confirm that Waiver Has Been Signed*

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|--|--|--|--|
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This form remains in the binder. Venue Coordinator (or designate) will forward to Treasurer at month end.

Use back of page for additional names of members, junior players or visitors →→→