

VENUE SIGN IN SHEET

DATE _____

BY SIGNING THIS SIGN-IN SHEET YOU CONFIRM THAT: to your knowledge you are COVID free; you have not spent more than 15 minutes within 6 ft of anyone testing COVID-19 positive in the past 14 days; you take reasonable steps not to be exposed to COVID-19; you take the sole responsibility for the risks of participating in Club activities; and you understand that the St Albert Pickleball Club reserves the right to remove you from the facilities or programs for any reason.

MEMBERS PLEASE PRINT LEGIBLY Requires 1 sticker (Indoor Only)		VISITORS Requires 2 stickers (Indoor Only) Identify sponsor by number or line to name	
Print Full Name	Print Full Name	Print Full Name	Signed waiver? Initials
1	22		
2	23		
3	24		
4	25		
5	26		
6	27		
7	28		
8	29		
9	30		
10	31		
11	32	NAME PINS (first pin is provided free; additional pin cost 1 sticker-add after name)	
12	33	1	
13	34	2	
14	35	3	
15	36	4	
16	37	5	
17	Use reverse for additional signatures		
18	BALL COUNT: Out _____ Damaged _____ Returned _____ Missing _____		
19	Venue Name: _____		
20	Venue Time: _____		
21	Captain (print full name): _____		