

Session Register



Name of person completing session register: _____

Venue of Session: _____

Name of qualified coaches attending session:

Name of adults supervising session:

1. _____
2. _____
3. _____
4. _____

1. _____
2. _____
3. _____
4. _____

Participant Details:

✓ = in attendance, and p = paid. E.g. Paid attendance = ✓p Non paid attendance = ✓

: Name (e.g. David Jones) : Emergency Number (e.g. 01234 567890) : Medical Information (e.g. asthmatic)	Age Group (e.g. Under 13 boys): _____							
	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:
	Time:	Time:	Time:	Time:	Time:	Time:	Time:	Time:

