CYB Daily Practice attendance Submit to VP of Baseball or VP Softball for

 BLAZE OR SIZZLE

DAY / DATE:

FIELD NUMBER:

COACHES NAME:

SIGNATURE OF COACH:

By submitting this form, I am verifying that to the best of my knowledge my coaches and I and players have filled out the Symptom and Health screening questionnaire.

\* All participants at each field site must be listed on this form, including officials. Turn into VP of Softball or VP of Baseball at the end of week.

 TITLE (Player, Coach,

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| --- | --- | --- | --- | --- |
| LAST NAME, FIRST NAME | ASSIST COACH, VOLUNTEER | CLEARED TO PLAY | ABSENT |  |
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