Southport Waterloo A C

Attendance Register

Name(s) of Coach(es)

Venue

Name & Address	Emergency Tel.	DoB	Medical Info	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date

Performer Details														
Name	**Telephone**	**Age**	**Date**	**Date**	**Date**	**Date**	**Date**	**Date**	**Date**	**Date**	**Date**	**Date**	**Date**	**Date**