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|  | Dean of Students’ Office  Sports Team Assistance Scheme (STAS)  **Sports Team Monthly Attendance Record** |

Team (\*M/ F/ Mixed) (Month) (Year)



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| ***Notes on completing this record form:***   1. *Please PRINT the Student full name and ID.* 2. *Please ask the members to* ***SIGN*** *to record their attendance. Team Captain/ Representative please* ***mark “X” for the absence****.* 3. *Please use separate sheets for Men’s and Women’s Teams.* 4. *Please use additional sheet(s) if there are more than 22 Team Members.*   *# Only Team Practice that has been* ***endorsed by HLTH1010 Course Office*** *can count HLTH1010 Course hours.* |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Student** | | | **HLTH1010**  (Y/N) # | **Date** (**e.g.** 30 Sep) | | | | | | | |
| **Full Name** | **ID** | |  |  |  |  |  |  |  |  |
| **e.g.** CHAN Tai Man | 12345678 | | N |  |  | X | X |  |  | X |  |
| 1. |  | |  |  |  |  |  |  |  |  |  |
| 2. |  | |  |  |  |  |  |  |  |  |  |
| 3. |  | |  |  |  |  |  |  |  |  |  |
| 4. |  | |  |  |  |  |  |  |  |  |  |
| 5. |  | |  |  |  |  |  |  |  |  |  |
| 6. |  | |  |  |  |  |  |  |  |  |  |
| 7. |  | |  |  |  |  |  |  |  |  |  |
| 8. |  | |  |  |  |  |  |  |  |  |  |
| 9. |  | |  |  |  |  |  |  |  |  |  |
| 10. |  | |  |  |  |  |  |  |  |  |  |
| 11. |  | |  |  |  |  |  |  |  |  |  |
| 12. |  | |  |  |  |  |  |  |  |  |  |
| 13. |  | |  |  |  |  |  |  |  |  |  |
| 14. |  | |  |  |  |  |  |  |  |  |  |
| 15. |  | |  |  |  |  |  |  |  |  |  |
| 16. |  | |  |  |  |  |  |  |  |  |  |
| 17. |  | |  |  |  |  |  |  |  |  |  |
| 18. |  | |  |  |  |  |  |  |  |  |  |
| 19. |  | |  |  |  |  |  |  |  |  |  |
| 20. |  | |  |  |  |  |  |  |  |  |  |
| 21. |  | |  |  |  |  |  |  |  |  |  |
| 22. |  | |  |  |  |  |  |  |  |  |  |
| **Total Present** | | | |  |  |  |  |  |  |  |  |
| **Team PIC** | | **Name** | |  |  |  |  |  |  |  |  |
| **Signature** | |  |  |  |  |  |  |  |  |
| **Signature of Part-time Team Coach** | | | |  |  |  |  |  |  |  |  |

Submitted by Team Captain/ Representative: (Name and Signature) Date:

Endorsed by DSTO Sports Team Manager: (Name and Signature) Date: