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| **Verein/***club****:*** | | | **Wettkampf**/*meet****:*** **09th Vienna International Masters Championships 01-03 April 2022** | | | | |
| **Vereinsvertreter/***club team responsible****:*** | | | | | | | |
| **Datum/***date****:*** | | | | | | | |
| **Liste der Aktiven und Betreuer (max. *ein* Betreuer pro *drei* Aktive)/***list of athletes and coaching staff (*one *coaching staff member per* three *athletes max.)* | | | | | | | |
| **Familienname/**  *last name* | **Vorname/**  *first name* | **Geburtsdatum/** *date of birth* | **E-Mail** | **Telefon/**  *phone* | **COVID**  **Check Info**[[1]](#footnote-1) | **Datum/**  *date of issue*[[2]](#footnote-2) | **Funktion/**  *function*[[3]](#footnote-3) |
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| **Familienname/***last name* | **Vorname/***first name* | **Geburtsdatum/** *date of birth* | **E-Mail** | **Telefon***/phone* | **COVID**  **Check Info**1 | **Datum/**  *date of issue*2 | **Funktion/**  *function*3 |
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**Ich bestätige als Vereinsvertreter mit meiner Unterschrift die Korrektheit der COVID Check Information. /**

*By signing this document, I confirm the correctness of stated COVID check information as club team responsible.*

**Unterschrift**/*signature****:***

1. **I** – Impfung/*vaccinated,* **G** – Genesen/*recovered* [↑](#footnote-ref-1)
2. Bitte Ausstellungsdatum des Impfzertifikats oder des Nachweises über Genesung angeben. / *Please state vaccination or medical recovery certificate’s date of issue.* [↑](#footnote-ref-2)
3. **A** – Aktive**/***athlete,* **B** – Betreuer**/***coaching staff* [↑](#footnote-ref-3)