**REGISTRATION OF THE COVID-19 MEDICAL COORDINATOR**

FINA Artistic Swimming World Series - Kazan

Please give this registration form to the OC upon arrival

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| **Name of the federation:** |  |

**Designated COVID-19 Medical Coordinator:**

Mr. / Ms.

FAMILY NAME, Given Name:

Mobile phone (incl. country code):

E-mail officer:

E-mail federation:

Stamp and signature of the Federation:

Signature of the COVID-19 Medical Coordinator:

Comments: