# SIGNED NATIONAL FEDERATIONS WRITTEN DECLARATION

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| --- | --- |
| Name (as shown on passport of ID card) |  |
| Team leader for which National Federation |  |
| Phone Number |  |
| e-mail address |  |
| I hereby declare that, as National Federation representative, I will not bring to the competition venue any delegation member having the following symptoms during the training period and competition period:   * Cough * Fever * Sore throat * Severe fatigue * Aching muscles or joints * Difficulty breathing * Loss of taste or smell * Headache * Nausea/vomiting * Diarrhoea | |

SIGNATURE and DATE: