

Reply Form:

Documentation: Nordic Zentrum Ried



**NORDIC ZENTRUM**  
OBERSTDORF/ALLGÄU

**SARS-CoV-2:**

**Coach / Mobile Number:**

**Club/Federation:**

**Period of Training:**

**Athletes information:**

Name	Surname

With my signature I confirm that I have read the protection and hygiene concept of the Nordic Zentrum and that I will comply with the described DOSB documentation. I furthermore assure that I have informed the athletes in my training group about the rules and obligations.

\_\_\_\_\_  
**Place, Date**

\_\_\_\_\_  
**Signature**