SIGULDA
LATVIA 2021
52nd FIL European
Luge Championship

Team _____

No.	Name, Surname	Temperature	Signature

"Team Bubble" Leader Signature* _____

Date _____

*Each participant confirms with his/her signature that he/she does not have any of the symptoms listed below:

Fever / cough / sore throat / shortness of breath
Sudden loss or severe change in your sense of taste or smell
Diarrhea / nausea or vomiting / abdominal pain
Conjunctivitis / red or itchy eyes