**СПИСОК**

**учащихся, посещающих секцию**

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**на базе МАОУ СОШ № 101**

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| **№№**  **п/п** | **Фамилия, имя** | **Школа** | **Класс** | **Допуск врача** |
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**Врач** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/

**Тренер** \_\_\_\_\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/