**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** |
| **1.** |  | МАОУ СОШ № 101 |  |  |
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**Врач** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/

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