

ACCREDITATION FORM

Please fill out, sign this form and submit it by e-mail to service@au17open.at

For minors, the signature of a legal guardian is required!

PERSONAL INFORMATION

First Name		Role	<input type="checkbox"/> Staff
Last Name		<input type="checkbox"/> Player	<input type="checkbox"/> Volunteer
Date of Birth		<input type="checkbox"/> Coach	<input type="checkbox"/> Media
Nationality		<input type="checkbox"/> Technical Official	
Phone *		<input type="checkbox"/> Other:	

*) This has to be a personal contact number. It will be used only for contact tracing in case there is a suspected COVID case or positive COVID test.

COVID-19 PROTOCOL

We ask everybody to follow the COVID protocol and to not endanger others, otherwise you can lose your accreditation, which also means that you won't be allowed to go back into the venue!

DECLARATION OF RESPONSIBILITY

You confirm that you have been adequately informed of and will comply with the measures aimed at preventing COVID-19 infections at the event as described in the COVID protocol.

You confirm that you consider the described measures sufficient and accept the remaining risks.

You accept that both the organizer and BEC cannot be held accountable for any costs incurred related to COVID-19 during the tournament.

You consent to the organizer collection and processing your personal data (see above) and biometric data (COVID test results) for the expressed purpose to prevent the spread of COVID-19. All data collected will only be used for the stated purpose and deleted after the event.

Place, Date

Name

Signature