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| **Выполнение спортивных разрядов**  **и технических нормативов:**   |  |  |  | | --- | --- | --- | | **Разряд** | **Дата присвоения** | **Основание** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |   **Полис страхования от несчастных случаев:**   |  |  |  | | --- | --- | --- | | **№№** | **Наименование страховой организации** | **Действителен до:** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | | **Муниципальное бюджетное учреждение**  **дополнительного образования**  **спортивная школа № 5 города Ставрополя**  **ЛИЧНАЯ КАРТОЧКА**  **спортсмена**  **Фамилия \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Имя \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Фото **Отчество\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Дата рождения \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Телефон \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Домашний адрес (с индексом)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Свидетельство о рождении / паспорт\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  (№№, кем выдано, когда выдано)  **Дата зачисления в школу\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ № приказа\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **СВЕДЕНИЯ О РОДИТЕЛЯХ :**  **Мать: Ф.И.О. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Место работы, должность **­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  контактные телефоны **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Отец: Ф.И.О. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Место работы, должность ­­­­­­­­­­­­­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  контактные телефоны  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| |  | | --- | | **Зачислен** в группу : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Тренер\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  № приказа \_\_\_\_\_\_\_\_\_\_\_\_ | | **Переведён** в группу : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Тренер\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  № приказа \_\_\_\_\_\_\_\_\_\_\_\_ | | **Переведён** в группу : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Тренер\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  № приказа \_\_\_\_\_\_\_\_\_\_\_\_ | | **Переведён** в группу : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Тренер\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  № приказа \_\_\_\_\_\_\_\_\_\_\_\_ | | **Переведён** в группу : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Тренер\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  № приказа \_\_\_\_\_\_\_\_\_\_\_\_ | | **Переведён** в группу : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Тренер\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  № приказа \_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   **Даты прохождения диспансеризации:**   |  |  |  | | --- | --- | --- | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | | **Участие в соревнованиях:**   |  |  |  | | --- | --- | --- | | **Дата** | **Наименование соревнований** | **Результат** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |