

<b>COVID 19 Contact Tracing</b>
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**Event Details:**

Name of Club:	Central Otago Motorsport Club
Name of Event:	Little Valley Gravel Hillclimb
Date of Event:	12 September 2021

**Entrant Details**

Full Name:	
Email:	
Phone Number:	
Mobile Number:	
Address:	

**Emergency Contact Information:**

Name	
Phone	
Address	

**Declaration:**

If you or someone you have been in contact with has had COVID-19 or has had symptoms of COVID-19, please make sure you are cleared (tested) medically before attending any event.

- Have you or someone you have been in contact with had COVID-19 or has had symptoms of COVID-19? **Yes/No**
- Was there Medical Clearance? **Yes/No**

I agree to follow all rules, regulations, policies, and procedures that the club, Motorsport NZ and Ministry of Health have been put in place (club will provide details and links), including adhering to social distancing at all times:

Signed	
Date	