

APPLICATION FORM FOR PARTICIPATION IN ONKO-OLIMPIADA 2012

Competitor's name	
Date of birth (day, month, year)	
PESEL number or another identification number	
Address of residence (postal code, town, house number, apt. number)	
Telephone number (including area code)	
Name and address of oncology centre (postal code, town, building number, room number)	

Height in cm	Weight in kg	Clothes size (S, M, L, XL, XXL, XXXL)

STATEMENT OF COMPETITOR'S PARENTS

We		Parents/Guardians of	
	Names of mother and father / legal guardians	of	Name of the competitor
Declare that we grant our consent to the participation of our child in Onko-Olimpiada 2012 sports competition and that we confirm the above details.			
<p>We grant our consent to processing of personal data included in the application form for the purpose of organization of Onko-Olimpiada 2012 (according to the Law of 28 August 97 on Protection of Personal Data, Journal of Laws No. 133 item 833)</p> <p>We grant our consent to the use of information about the competitor, his/her photographs, image and voice in all promotional activities and scientific works connected with the participation in the competition.</p>			
Town, date		Signature of parent / legal guardian	Signature of parent / legal guardian

STATEMENT OF THE DOCTOR CONDUCTING THE TREATMENT OR THE HEAD OF THE CLINIC

I		declare that	
	Name of the doctor conducting the treatment or the manager of the Clinic		Name of the competitor
<p>The condition of health of the competitor allows him/her to participate in sports competition–Onko-Olimpiada 2012. I also declare that I have reviewed the Rules and Regulations of Onko-Olimpiada 2012.</p> <p>The following documents are attached to this application form:</p> <p>- a photocopy of the competitor’s information card, including valid medical examination</p>			
	Stamp of the doctor conducting the treatment or the manager of the Clinic	Town, date	Signature of the doctor conducting the treatment or the manager of the Clinic

CHOICE OF SPORTS DISCIPLINES

I		apply for participation in:	
	Name of the competitor	Note: Each competitor may take part only in one individual discipline and in one football team	
<p>ATHLETICS – please enter YES and possibly the sports result.</p> <p>Note! Each competitor may take part in one or two competitions and in one relay race, with the following exceptions: Competitors with the lowest abilities may take part only in one discipline suitable for them – they may not take part in a relay race.</p>			
60 m run (only for the first and second age category)			
100 m run			
4x100 m relay race			
long jump from a take-off point (only for the first and second age category)			
long jump with a runway			
shot put			
“palant” ball throw (only for the first and second age categories)			
ATHLETIC DISCIPLINES FOR COMPETITORS WITH LOWEST PHYSICAL ABILITIES			
assisted 25 m walk /walker, crutches/			
25 m wheelchair race			
50 m wheelchair race			
“palant” ball throw from a wheelchair			

FOOTBALL	
football, 5-person team tournament	Name of team:
SWIMMING please enter YES and possibly the result. Note! Each competitor may take part in two disciplines and one relay race	
25m freestyle	
50m freestyle	
25m classic style	
50m classic style	
25m backstroke	
50m backstroke	
4x25m freestyle relay race	
TABLE TENNIS please enter YES. Note! Each competitor may take part in a single game and in one double game	
Single game	
Double game	
Mixed double game	
Town, date	Competitor's signature