

**APPLICATION FORM FOR PARTICIPATION
IN ONKO-OLIMPIADA 2014
Final deadline for signing-up: 31 May 2014**

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		Name of the competitor
Declare that we grant our consent to the participation of our child in Onko-Olimpiada 2014 sports competition and that we confirm the above details.			
We grant our consent to the processing of personal data included in the application form for the purpose of organization of Onko-Olimpiada 2014 (according to the Law of 28 August 1997 on Protection of Personal Data, Journal of Laws No. 133 item 833)			
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.			
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 2014. I also declare that I have reviewed the Rules and Regulations of Onko-Olimpiada 2014.</p> <p>The following documents are attached to this application form:</p> <ul style="list-style-type: none"> - a photocopy of the competitor's information card, including valid medical examination 			
	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

EACH COMPETITOR MAY TAKE PART MAXIMUM IN TWO INDIVIDUAL DISCIPLINES AND IN RECREATIONAL FOOTBALL, TAKING INTO ACCOUNT THE FOLLOWING SPECIFICATION:

- **Swimming + Athletics + Football**
- **Swimming + Table tennis + Football**
- **Badminton + Athletics + Football**
- **Badminton + Table Tennis + Football**

Explanation:

DUE TO ORGANIZATIONAL REASONS, A COMPETITOR TAKING PART IN SWIMMING MAY NOT TAKE PART IN BADMINTON, AND A COMPETITOR TAKING PART IN TABLE TENNIS MAY NOT ADDITIONALLY SELECT ATHLETICS.

CHOICE OF SPORTS DISCIPLINES

I		apply for participation in:
	Name of the competitor	
<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 - Recreational	
Competitor's signature	
BADMINTON TOURNAMENT	
Singles	
Doubles	
Mixed	
Town, date	Competitor's signature
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
ARCHERY SHOW – champions' show	
Signing-up for bow shooting as part of the show (PLEASE MAKE SURE THAT SIGNING-UP PERSONS HAVE AT LEAST MINIMUM EXPERIENCE IN BOW SHOOTING)	
Town, date	Competitor's signature



INTERNATIONAL PHYSICAL ACTIVITY QUESTIONNAIRE

We would like to obtain data on types of physical activity which form a part of everyday life. The following questions concern your physical activity during the last week (7 days) after 10 May 2014 - please quote the dates to which such activities apply. Please answer all the questions, even if you do not consider yourself to be a physically active person. Please take into account the activities performed at work or at school, at home and in its vicinity, while moving from one place to another and during your free time devoted to recreation, exercise or sport.

Please recall all **intensive** activities performed during **the last week (7 days)**. ***Intensive physical activity*** means heavy exercise, forcing you to breathe heavily (and accelerating your heart rate).

Please take into account ***only*** those activities which lasted at least 10 minutes at a time.

1. Please specify the number of days over the **last week (7 days)**, during which you performed **intensive** physical activities, e.g. lifting heavy weights, digging, aerobics, fast cycling.

_____ **days a week**

I did not perform any of such activities. ® ***Please go to question 3***

2. How many times and on what days do you usually perform **intensive** exercise?

_____ **hours a day**

_____ **minutes a day**

I don't know - I'm not sure

Please recall all the activities with **moderate** intensity performed during **the last 7 days**. ***Moderate activity*** means activities requiring average effort with a slightly heavier breathing (and slightly increased heart rate).

3. Please specify the number of days during **the last week (7 days)**, when you performed **moderate** physical activities, e.g. lifting light weights, cycling at a normal pace, playing volleyball. Please do not take walking into account.

_____ **days a week**

I did not perform any of those activities. ® ***Please go to question 5***

4. Please specify, how much time during any of such days you usually devote to **moderate** activities.

_____ **hours a day**

_____ **minutes a day**

I don't know - I'm not sure

Please recall how much time you spent walking during **the last week (7 days)**. This covers walking during working hours, at home, **moving from place to place** and other walking efforts performed solely for recreational, sports, exercise or leisure (walks) purposes.

5. Please specify the number of days, during **the last week** (7 days), when **you walked** for at least 10 minutes a day **at a time**.

_____ **days a week**

I didn't walk

® **Please go to question 7**

6. Please specify how much time during any such day do you usually devote to **walking**.

_____ **hours a day**

_____ **minutes a day**

I don't know - I'm not sure

Last question: how much time **during the last week** did you spent **sitting** (only on weekdays)? Please specify total time spent sitting at work, at home, in school and during your leisure time. Leisure time covers, for instance, sitting at a desk, visits at friends, reading, watching TV (sitting or lying down).

7. Please specify how much time, during **the last week** (7 days), did you spend **sitting** (applies only to weekdays).

_____ **hours a day**

_____ **minutes a day**

I don't know - I'm not sure

Thank you for filling-in the questionnaire.

age F M

education: primary secondary higher

occupation: _____