

ONCO-OLYMPIC GAMES 2010 ENTRY FORM

The participant's First and Last name	
Date of Birth (day, month, year)	
PESEL number [ID number] or another identification number	
Residential address (zip code, city/Town, house or apartment number)	
Telephone number (including area code)	
Name of the oncology center and address (zip code, city/town, house number or office)	

CERTIFICATE NOTE OF THE PARTICIPANT'S PARENTS

We		Parents /Legal guardians	
	First and last names of mother and father / legal guardians		First and last name of the participating athlete
<p>We hereby certify, that we give our consent for our child to participate in the Onco-Olympic Games 2010 and we also confirm the above provided information to be true.</p> <p>We hereby express our consent to process the personal information contained within the data entry for the needs of the Onco-Olympics 2010 (pursuant with the August 28, 1997 Protection of Personal Information Act (OJ of Legislature no. 133 art. 833). We express our consent to use the information about the participating athlete, photographs, image as well as voice in all promotional activities and scientific publications relating to participation in the Games.</p>			
City/Town, date	Signature of a parent/ legal guardian	Signature of a parent/ legal guardian	

CERTIFYING NOTE OF THE TREATING DOCTOR OR THE MANAGER OF THE CLINIC

I		hereby certify that	
	First and Last name of the treating doctor or the Manager of the clinic		First and last name of the participating athlete
<p>The health condition of the participating athlete allows for participation in sports competitions of the Onco-Olympics 2010. I also certify that I read and have become familiar with the Rules and Regulations of the above Onco-Olympics 2010.</p> <p>I am enclosing to the entry from the following: - a copy of the athlete's patient document containing important medical examination.</p>			
	Stamp of the treating doctor Or the Manager of the Clinic	City/Town, date	Stamp of the treating doctor Or the Manager of the Clinic

CHOICE OF COMPETITIONS TO PARTICIPATE IN

I		<p>Hereby enter my participation in the following competitions: Note: Each participating athlete may start only in one individual completion and be on one soccer team</p>
	First and last name of the participating athlete	
<p>TRACK AND FIELD –please write in YES and a sports result if any. Note! Each participating athlete may start in one or two competitions and one relay with the following exceptions: Participating athletes with the lowest level of physical abilities may start only in one (1) competition designated for them – they cannot take part in a relay.</p>		
	60 m dash (for the 1 and 2 nd age group categories only)	
	100 m dash	
	relay - 4x100 m	
	long jump from a standstill position (for the 1 and 2 nd age group categories only)	
	long jump with a preparatory approach run	
	shot put	
	baseball throw (for the 1 and 2 nd age group categories only)	
<p>COMPETITIONS IN TRACK AND FIELD FOR PARTICIPATING ATHLETES WITH THE LOWEST LEVEL OF PHYSICAL ABILITIES</p>		
	25 m walk with assistance /walker, crutches/	
	25 m race on wheelchairs	
	50 m race on wheelchairs	

baseball throw from a wheelchair	
SOCCER	
competition of 5-player soccer teams,	Team name:
SWIMMING please write in YES and a sports result if any. Note! Each participating athlete may start Only in two competitions and one relay.	
freestyle 25m	
freestyle 50m	
breaststroke 25m	
breaststroke 50m	
backstroke 25m	
backstroke 50m	
freestyle relay 4x25m	
TABLE TENNIS please enter YES. Note! Each participating athlete May start in a singles game and one doubles game.	
Singes	
Doubles	
Mixed doubles (mixes)	
City/Town, date	Athlete's signature