**FORMULÁR A - Informácie o tíme**

(PROSÍME O VYPLNENIE TLAČENÍM PÍSMOM)

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| **NÁZOV TÍMU**  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**ADRESA ŠKOLY/ZARIADENIA/TÍMU**

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TELEFÓNNE ČÍSLO

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E-MAIL:

**VEDÚCI TÍMU:**

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MOBILNÉ ČÍSLO:

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E-MAIL:

# FORMULÁR A1 – SÚPISKA (doniesť 2 vytlačené kópie na registráciu s aktuálnou súpiskou v deň turnaja)

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NÁZOV TÍMU

ZOZNAM ČLENOV TÍMU AJ S ÚLOHOV V TÍME:

A= športovec, P=partner, C= Tréner, HOD = Vedúci tímu

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| Č. | Priezvisko | Meno |  | Dátum narodenia | Pohlavie |  | Úloha v tíme |
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**FORMULÁR B –** **Tréner, doprovod, unifikovaný partner**

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KRSTNÉ MENO:

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**ADRESA**

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 MESTO: PSČ

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|  Dátum narodenia: | D | D | M | M | R | R |

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 Pohlavie (M/Ž):

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Číslo občianského preukazu:

**Pozícia v tíme. Označte jedno:**

Vedúci tímu □ Tréner □ Asistent trénera□

**Poznámky:**

**FORMULÁR C2 – POTVRDENIE OD LEKÁRA PRE ŠPORTOVCA**

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| **MENO TÍMU:**  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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KRSTNÉ MENO:

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| DÁTUM NARODENIA: | D | D | M | M | R | R |

POHLAVIE (M/Ž)

ŠPECIÁLNE POŽIADAVKY NA STRAVU (DIÉTA):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### ZDRAVOTNÉ INFORMÁCIE:

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| History of: | Zaškrtnúť nevyhovujúce | poznámky |
| Down Syndrome | Áno | Nie |  |
| If Yes, x-ray done for check of ATLANTOAXIAL instability | Áno | Nie |  |
| Problémy s krvácaním | Áno | Nie |  |
| Diabetes | Áno | Nie |  |
| Mdloby | Áno | Nie |  |
| Problémy so srdcom | Áno | Nie |  |
| Zápalové ochorenia | Áno | Nie |  |
| Problémy s obličkami | Áno | Nie |  |
| Epilepsia | Áno | Nie |  |
| Problémy so zrakom | Áno | Nie |  |
| Problémy so sluchom | Áno | Nie |  |
| Alergie | Áno | Nie | Aké: |

**Lieky** :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Obmedzenia športu / Poznámky**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vyšetril/a som športovca spomenutého vyššie a súhlasím s jeho účasťou na Vianočnom unifikovanom futbalovom turnaji Špeciálnych olympiád Slovensko.

Meno doktora : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adresa: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Tel.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Podpis a pečiatka doktora : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dátum: \_\_\_\_\_\_\_\_\_\_\_\_\_\_