

ATHLETE REGISTRATION AND PRIMARY ELIGIBILITY APPLICATION FORM (V5 - MARCH 2014)

PART 1: ATHLETE

This page to be completed by the athletes representative

	Athletes Family/I	Last Name		
Attach/insert 1 passport-size	Athletes First/Given Name			
photo here	Nation/Co	untry		
(Please <u>write the</u> <u>athletes name</u> on the	Sport(s) in which will comp		1 2	
			3	
Date of Birth	(dd/mm/yyyy)	Male/Fem	ale	
Date by which	registration in the needed:	Master List	t is	(dd/mm/yyyy)
For Inas use only:	Full	P	Provision	al
Sent to panel date:		1. 2.		
Notes				
1 st Sport :		Date :		
2 nd Sport:		Date :		
3 rd Sport : _		Date :		

ATHLETE'S NAME:

This page to be completed by the athletes representative

DECLARATIONS AND PERMISSION TO USE INFORMATION

All athletes must sign or place their mark. If the athlete is under 18, or if the athlete is without legal competency to sign themselves, the second part should also be signed by the athletes parent or legal guardian.

ATHLETE DECLARATION (All Athletes must complete, by \checkmark each box and signing below)

By signing this declaration I am saying that:

- a) I understand the eligibility criteria to compete as an athlete with intellectual disability.
- b) I confirm that I shall comply with and be bound by all of the provisions of the Inas Anti-Doping Policy, including but not limited to, all amendments to the Anti-Doping Rules and all International Standards as issued by the World Anti-Doping Agency and permanently published on its website.
 I acknowledge that National Federations, Inas and National Anti-Doping Organizations have jurisdiction to impose sanctions as provided in the Inas Anti-Doping Rules.
- c) I give Inas permission to use information in accordance with the Inas Data Protection and Information Handling Policy.
- d) I understand and agree to uphold the principles of the Inas Code of Ethics and the spirit of fair play.
- e) I agree to Inas using photographs and images of me for the purposes of publicity in print, electronic and other media, and can withdraw this consent at any time by writing to the Secretariat.
- f) I agree that data I have provided can be used for research purposes, as set out under the INAS research code, and this data will not identify me individually and be managed under the Inas Data Protection and Information Handling Policy.
- g) I give Inas permission to use this information to decide whether I am a person with intellectual disability for eligibility and sports classification and to share this information with relevant organisations including, but not limited to, IPC and IF's.
- h) As far as I know, all the information in my application is true and accurate.
- i) I understand what the information in this form is being used for, or I have had this explained to me.

(Athlete's Signature or identifying mark)

(Date)

PARENT OR LEGAL GUARDIAN (only if the athlete is Under 18, or Over 18 and without legal capacity to give consent)

By signing this declaration I am saying that the athlete named above is under 18 years, or without legal capacity to sign on their own behalf. I understand the above declarations and have the legal right to sign on behalf of this person.

Signature + print name

(Date)

Relationship to Athlete

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CONFIDENTIALITY AND DATA PROTECTION

Inas member nations should attach any statement regarding privacy of information and/or other legal statements that may be required, giving regard to the Inas Data and Information Handling policy.

ATHLETE'S NAME:

This page to be completed by the <u>National Eligibility Officer</u>

PART 2: PRIMARY

In my capacity as a professional with expertise in assessment/diagnosis of intellectual disability, I certify that the above named athlete is a person with intellectual disability. My statement is based on assessment results that show the athlete has: (please \checkmark all that apply)

Significant impairment in intellectual functioning (see guidelines for eligibility criteria)

Significant limitations in adaptive behaviour as expressed in conceptual, social, and practical adaptive skills (see guidelines for eligibility criteria)

Intellectual disability evident during the developmental period, which is from conception to 18 years of age



Level 1: Provisional Eligibility

Level 2: Full Eligibility

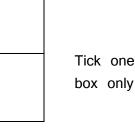
EVIDENCE

Name of IQ Test Used:	Name or Method of Adaptive Behaviour Assessment Used:	
Version:	Version:	
Full Scole IO Score	Score:	
Full Scale IQ Score:	(if available)	

NATIONAL ELIGIBILITY OFFICER (NEO) ENDORSEMENT

Name	(Last Name or Family Name)	(First Name or Given Name)
Signature		
Date		

Yes	No



ATHLETE'S NAME:

This page to be completed by the organisation submitting the application

PART 3: ORGANISATIONAL ENDORSEMENT

I have read the preceding information. The information provided is complete and accurate to the best of my knowledge and I know of no reason why the athlete should not be considered for inclusion in the Inas Athlete Database.

Name of Inas National Member Organisation

President or Secretary		Seal
General		
Signature	Position	
Printed Name	Date	

PART 4: ATTACHMENTS/CHECKLIST

Form and all attachments	Completed in English (unless specified otherwise)	
Evidence	 Evidence of IQ assessment/report attached and signed Evidence of Adaptive Behaviour assessment/report attached and signed Appropriate evidence of age of onset attached or signed statement from psychologist 	
TSAL	 TSAL has been completed at www.inas.org (State date/time submitted) 	
Additional Attachments	 1 photo Copy of Passport of similar photo-identification Registration Fee \$40 made payable to Ausrapid 	
Endorsements	 National Eligibility Officer Inas Member Organisation 	

In order to avoid delays, please check carefully to ensure that all parts of the form have been completed, and all necessary evidence has been attached.

CHECKLIST & CONTACT LIST

Completed forms and attachments to be forwarded to AUSRAPID as indicated above. If there is some problem, please contact your State/Territory Member organisation listed below for further assistance.

Victorian Athletes: C/- Sport Inclusion Australia 4 Lowry Place Sport Inclusion BENALLA VIC 3672 AUSTRALIA 03 5762 3419 South Australian Athletes: Inclusion Sport SA 18 Ashwin Parade inclus TORRESVILLE SA 5031 sport S/ 08 8152 2474 Queensland Athletes: Life Stream PO Box 34 STONES CORNER QLD 4120 07 3394 4399 New South Wales Athletes: Sports 4 All PO BOX 692 KINGS LANGLEY NSW 2147 0478 182 471 Total Recreation Northern Territory Athletes: GPO Box 3217 DARWIN NT 0801 08 8981 3686 Tasmanian Athletes: The New Horizons Club PO Box 49 MOWBRAY TAS 7248 03 6326 3344 **NEW HORIZONS CLUB**inc Tasmania Australian Capital Territory Athletes: ACTSPORT C/- AUSRAPID Sport Inclusion 4 Lowry Place AUSTRALIA BENALLA VIC 3672 Western Australian Athletes: Inclusion WA inclusionwa PO Box 1279 INNALOO WA 6918 08 9201 8900