

## ATHLETE REGISTRATION AND NATIONAL ELIGIBILITY APPLICATION FORM (MARCH 2020)

## PART 1: ATHLETE

This page to be completed by the athlete's representative

Athlete Surname	
Athlete First Name	
State	
Sport(s) in which the athlete	1
will compete	2
	3
	Athlete First Name State Sport(s) in which the athlete

Date of Birth (dd/mm/yyyy)	Male/Female	
----------------------------	-------------	--

Address	
Other Contact	
Details	
(Tel/Fax/Email)	
Parent/Guardian	
Address	
Other Contact	
Details	
(Tel/Fax/Email)	
Relationship	

Office Use only

Registration Number:	
Received:	
Registration Fee:	

## ATHLETE'S NAME:

#### This page to be completed by the athlete's 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, the second part should also be signed by the athlete's parent or legal guardian.

#### ATHLETE DECLARATION (All Athletes must complete, by ✓ 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 give Sport Inclusion Australia permission to use information in accordance with the Sport Inclusion Australia Data Protection and Information Handling Policy.
- c) I give Sport Inclusion Australia 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, National Sport Organisations.
- d) As far as I know, all the information in my application is true and accurate.
- e) I understand what the information in this form is being used for, or I have had this explained to me.  $\Box$

(Athlete's Signature or identifying mark)

# 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 less than 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

(Date)

#### **Sport Inclusion Australia NEWSLETTER**

Subscribe to the Sport Inclusion Australia newsletter? No D Yes D Email address 

## **ATHLETE'S NAME:**

#### This page to be completed by the <u>Professional/Expert</u> in the area of intellectual disability

#### **PART 2: PRIMARY ELIGIBILITY**

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 as defined by the World Health Organisation. 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)

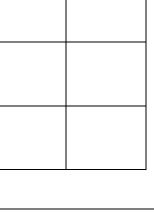
Intellectual disability evident during the developmental period, which is from conception to 18 years of age

#### **EVIDENCE ATTACHED:**

IQ and Adaptive Behaviour Test (if available)	
Other evidence attached (please state details)	

#### **PROFESSIONAL ENDORSEMENT**

Name	(Last Name or Family Name) (First Name or Given Name)
Signature	
Professional Qualifications	Psychologist Registration Number
Contact Details	
Date	



No

Yes

### ATHLETE'S NAME:

#### This page to be completed by Sport Inclusion Australia personnel

### **PART 3: ORGANISATIONAL**

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 Sport Inclusion Australia Athlete Database.

#### Name of INAS National Member Organisation

## **Sport Inclusion Australia**

President or Secretary	
General	

**Robyn J Smith** 

Signature

**Printed Name** 

Chief Executive Officer
Position
_
Date

Seal

## PART 4: ATTACHMENTS/CHECKLIST

Form and all attachments		
Evidence	Appropriate evidence of intellectual disability attached	
Additional Attachments	• 1 photo (with athletes name on the back)	
	Photographic identification (student card) if possible	
	Registration Fee Students \$20 / Adults \$35	
Endorsements	Professional Statement	
	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.

Please send forms back to the Sport Inclusion Australia office either by mail 4 Lowry Place Benalla Victoria 3672 or by email <u>mail@sportinclusionaustralia.org.au</u>.

## **CHECKLIST & CONTACT LIST**

Completed forms and attachments to be forwarded to Sport Inclusion Australia 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 BENALLA VIC 3672 03 5762 3419

South Australian Athletes:

Inclusive Sport SA PO Box 63 TORRESVILLE SA 5031 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

Northern Territory Athletes:

Total Recreation GPO Box 3217 DARWIN NT 0801 08 8981 3686

Tasmanian Athletes:

New Horizons Tasmania PO Box 49 MOWBRAY TAS 7248 03 6326 3344

Australian Capital Territory Athletes:

C/- Sport Inclusion Australia 4 Lowry Place BENALLA VIC 3672

Western Australian Athletes:

Inclusion Solutions PO Box 1279 INNALOO WA 6918 08 9201 8900













Sport Inclusion

