

PART 1: ATHLETE REGISTRATION

ATHLETE REGISTRATION AND NATIONAL ELIGIBILITY APPLICATION FORM (JANUARY 2013)

This page to be completed by the athlete's representative

	Athlete Sur	name		
Attach/insert 1 passport-size photo	Athlete First	Name		
here	State			
(Please <u>write the</u> <u>athletes name</u> on the back)	Sport(s) in which th compete (please tick the athletes can select more	ne relevant box -	Athletics/Cross Country Swimming Other	
Date of Birth	(dd/mm/yyyy)	Male/Fema	ile	
Address				
Other Contact Details				
(Tel/Fax/Email)				
Parent/Guardian				
Address				
Other Contact Details				
(Tel/Fax/Email)				
Relationship				
School details -				
Contact Person				
School name and				
address				
Other contact details (Tel/Fax/Email)				
Office Use only		1		
Registration Number:				
Received:		*	Sport Inclusi	on
Registration Fee:		*	ALICTRALI	^

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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.

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.	
(Athlete's Signature or identifying mark) PARENT OR LEGAL GUARDIAN (only if the athlete is under 18 or over 18 and without legal capacity	
o 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	
Sport Inclusion Australia NEWSLETTER	_
Subscribe to the Sport Inclusion Australia newsletter? No	



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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)

Yes

No

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 F	amily Name)	(First Name o	Given Name)
Signature				
Professional Qualifications		Psychologist F	Registration Number	
Contact Details				
Date				



ATHLETE'S NAME:

This page to be completed by Sport Inclusion Australia personnel

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 Sport Inclusion Australia Athlete Database.

Name of INAS National Member Organisation

Sport Inclusion Australia

President or Secretary General

Chief Executive Officer

Signature

Robyn J Smith

Date

PART 4: ATTACHMENTS/CHECKLIST

Form and all		
attachments		
Evidence	Appropriate evidence of intellectual disability attached	
Additional	1 photo (with athletes name on the back)	
Attachments	Photographic identification (student card) if possible	
	Registration Fee Students \$15	
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 mail@sportinclusionaustralia.org.au.



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 7494



South Australian Athletes: Inclusive Sport SA

18 Ashwin Parade TORRESVILLE SA 5031

08 8152 2474

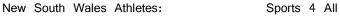


Queensland Athletes: Life Stream

PO Box 34

STONES CORNER QLD 4120

07 3394 4399



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: The New Horizons Club

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 WA

PO Box 1279

INNALOO WA 6918

08 9201 8900



