



**PART 1: ATHLETE**

*This page to be completed by the athlete's representative*

Attach/insert 1  
passport-size  
photo here

(Please write the  
athletes name on the  
back)

|   |  |
|---|--|
| <b>Athlete Surname</b>  |  |
| <b>Athlete First Name</b>   |  |
| <b>State</b>  |  |
| <b>Sport(s) in which the athlete will compete</b> (please tick the relevant box –athletes can select more than one sport) | <b>Athletics/Cross Country</b> <input type="checkbox"/><br><b>Swimming</b> <input type="checkbox"/><br><b>Other</b> _____ <input type="checkbox"/> |

|  |              |                    |  |
|--|--------------|--------------------|--|
| <b>Date of Birth</b>                         | (dd/mm/yyyy) | <b>Male/Female</b> |  |
| <b>Address</b>                               |              |                    |  |
| <b>Other Contact Details (Tel/Fax/Email)</b> |              |                    |  |
| <b>Parent/Guardian</b>                       |              |                    |  |
| <b>Address</b>                               |              |                    |  |
| <b>Other Contact Details (Tel/Fax/Email)</b> |              |                    |  |
| <b>Relationship</b>                          |              |                    |  |
| <b>School details – Contact Person</b>       |              |                    |  |
| <b>School name and address</b>               |              |                    |  |
| <b>Other contact details (Tel/Fax/Email)</b> |              |                    |  |

Office Use only

|                             |  |
|-----------------------------|--|
| <b>Registration Number:</b> |  |
| <b>Received:</b>            |  |
| <b>Registration Fee:</b>    |  |



**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.

\_\_\_\_\_  
(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 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

Yes

Email address \_\_\_\_\_

**ATHLETE'S NAME:**

*This page to be completed by the Professional/Expert 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 ✓ 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 Family Name) (First Name or Given Name) |
| Signature                   |   |
| Professional Qualifications | <b>Psychologist Registration Number</b> _____         |
| Contact Details             |   |
| Date                        |   |

**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**

|   |   |             |
|---|---|-------------|
| <b>President or Secretary General</b><br><br>.....<br><b>Signature</b><br><b>Robyn J Smith</b><br><br><b>Printed Name</b> | <b>Chief Executive Officer</b><br><br><b>Position</b><br><br>.....<br><b>Date</b> | <b>Seal</b> |
|---|---|-------------|

**PART 4: ATTACHMENTS/CHECKLIST**

|                          |  |  |
|--------------------------|--|--|
| Form and all attachments |  |  |
| Evidence                 | <ul style="list-style-type: none"><li>• Appropriate evidence of intellectual disability attached</li></ul>   |  |
| Additional Attachments   | <ul style="list-style-type: none"><li>• 1 photo (with athletes name on the back)</li><li>• Photographic identification (student card) if possible</li><li>• Registration Fee Students \$20</li></ul> |  |
|                          |  |  |
|                          |  |  |
| Endorsements             | <ul style="list-style-type: none"><li>• Professional Statement</li><li>• Member Organisation</li></ul>   |  |
|                          |  |  |

**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](mailto: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: Sport Inclusion Australia  
4 Lowry Place  
BENALLA Vic 3672  
03 5762 3419



South Australian Athletes: Inclusive Sport SA  
18 Ashwin Parade  
TORRESVILLE SA 5031  
08 8152 2474



Queensland Athletes: Life Stream Australia  
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

