



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)

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

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			
School details – Contact Person			
School name and address			
Other contact details (Tel/Fax/Email)			

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.

(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	Psychologist Registration Number _____
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

President or Secretary General Signature Robyn J Smith Printed Name	Chief Executive Officer Position Date	Seal
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PART 4: ATTACHMENTS/CHECKLIST

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

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 7494



South Australian Athletes:

Inclusive Sport SA
18 Ashwin Parade
TORRESVILLE SA 5031
08 8122 6730



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

