

ATHLETE DETAILS - This page to be completed by the athletes representative

Attach passport-size photo here	Athletes full Family/Last Name as stated in passport:	
	Athletes full First/Given Name as stated in passport:	
	Nationality/Country:	Australia
	Date of Birth:	(dd/mm/yyyy)
	Male/Female:	

Athlete Address:			
Phone Number:	+61/ Country code/number	Email Address:	

If the athlete is under 18 years of age, or without legal competency to sign:

Parent/Guardian Name:		Relationship:	
Parent/Guardian Address:	SAME AS ABOVE		
Phone Number:	+ / SAME AS ABOVE Country code/number	Email Address:	SAME AS ABOVE

Eligibility Group: (please check the eligibility criteria carefully)	1. II2 (Significant Impairment) <input checked="" type="checkbox"/> National
Sport(s) in which the athlete will compete:	1 2 3

ATHLETES NAME:

DECLARATIONS & PERMISSIONS - This page to be completed by the athletes representative

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

ATHLETE DECLARATION (All athletes must complete, by ✓ each box and signing below)

By signing this declaration I am saying that:

- a) I understand and comply with the eligibility criteria to compete as an athlete with intellectual impairment.
- b) I confirm that I shall comply with all Virtus policies and procedures including, but not limited to all of the provisions of the Anti-Doping Policy, 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, Virtus and National Anti-Doping Organisations have jurisdiction to impose sanctions as provided in the Anti-Doping Rules.
- c) I give Virtus permission to hold information electronically and to use information in accordance with the Privacy Policy. I agree that in order to maintain the principles of fair eligibility and classification, Virtus may retain relevant and essential information indefinitely.
- d) I understand and agree to uphold the principles of the Virtus Code of Ethics and the spirit of fair play.
- e) I agree to Virtus 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 Virtus research code, and this data will not identify me individually and be managed under the Virtus Privacy Policy.
- g) I give Virtus permission to use this information to decide whether I am a person with intellectual impairment for eligibility and sports classification and to share this information with relevant organisations including, but not limited to, the IPC and International Federations.
- h) I understand the risks associated with competition and that I am responsible for my actions at all times.
- i) As far as I know, all the information in my application is true and accurate.
- j) I understand what the information in this form is being used for or have had this explained to me.

(Athletes Signature or identifying mark)

(Date)

PARENT OR LEGAL GUARDIAN (if the athlete is Under 18, or 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

ATHLETES NAME:

ATLANTOAXIAL INSTABILITY (AAI) - This page to be completed by the athletes doctor/physician

IMPORTANT: THIS PAGE SHOULD BE COMPLETED FOR ALL ATHLETES WITH DOWN SYNDROME (II1 OR II2).

To be completed by a qualified medical practitioner. Please place a in the appropriate box :

example Yes No

Does the athlete have a known diagnosis of symptomatic AAI?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the person show evidence of progressive Myopathy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the person have poor head/neck muscular control?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the person's neck flexion allow the chin to rest on their chest?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

An x-ray of the neck has been conducted	Yes <input type="checkbox"/>	No <input type="checkbox"/>
A copy of the x-ray report is attached?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

STATEMENT: In my professional opinion I confirm the athlete is free from symptomatic AAI and is safe to participate in competitive sport. I confirm the athlete and their family/guardians have been made aware of the risk and that Virtus: World Intellectual Impairment Sport accepts no responsibility in the event of injury arising from AAI.

I confirm that I am a physician/doctor qualified in the assessment and diagnosis of AAI.

Practitioners Name	<hr/> <p>(Last Name or Family Name) (First Name or Given Name)</p>	
Qualification/Profession		Official Stamp:
Address		
Phone Number	+ / Country code/number	
Email Address		
Signature		
Date		

ATHLETES NAME:

NEO Endorsement - This page to be completed by the National Eligibility Officer

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

II1 - INTELLECTUAL DISABILITY			
Significant impairment in intellectual functioning (see guidelines for eligibility criteria)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Significant limitations in adaptive behaviour as expressed in conceptual, social, and practical adaptive skills (see guidelines for eligibility criteria)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Intellectual disability evident during the developmental period, which is from conception to 18 years of age	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Name of IQ Test Used:		Full Scale IQ Score:	
Name/Method of Adaptive Behaviour assessment used:		Adaptive Behaviour Score: (if available)	

II2 - SIGNIFICANT IMPAIRMENT		
Significant impairment (see guidelines for eligibility criteria)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Nature of additional impairment:		
Has a blood test or other formal medical assessment been made?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

II3 - AUTISM-ONLY		
Athlete has a formal diagnosis of autism	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has a full-scale IQ score of 76 or above, or no diagnosis of intellectual disability	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name/Method of assessment used:		
Test Used:		Score:

NATIONAL ELIGIBILITY OFFICER (NEO) ENDORSEMENT

Name	<hr/>
	(Last Name or Family Name) (First Name or Given Name)
Email Address	
Signature	
Date	

ATHLETES NAME: _____

ORGANISATIONAL ENDORSEMENT - This page to be completed by the National Member Organisation

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 Master List.

Name of 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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ATTACHMENTS/CHECKLIST

Form and all attachments	• Completed in English (unless specified otherwise)	
Evidence	• Evidence of intellectual impairment attached and signed	
TSAL	• TSAL has been completed at www.virtus.sport • (State date/time submitted _____)	
Additional Attachments	• 1 photo • Copy of Passport of similar photo-identification • Registration Fee \$25	
Endorsements	• National Eligibility Officer • National 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 or email completed form to:
Sport Inclusion Australia
4 Lowry Place
BENALLA VIC 3672
Email: mail@siasport.org

ATHLETES NAME:

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
PO Box 63
TORRESVILLE SA 5031
08 8122 6730



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

