

ATHLETE REGISTRATION AND NATIONAL ELIGIBILITY APPLICATION FORM (NOVEMBER 2021)

PART 1: ATHLETE

This page to be completed by the athlete's representative

| | Athlete Sur | name | |
|--|-----------------------------|----------|-----|
| passport-size | Athlete First | Name | |
| photo here | State | | |
| (Please <u>write the</u> <u>athletes name</u> on the back) | Sport(s) in which will comp | | 1 2 |
| | | | 3 |
| Date of Birth | (dd/mm/yyyy) | Male/Fem | ale |
| 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: | | | |

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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.

| | HLETE DECLARATION (All Athle signing this declaration I am sayin | • | e, by ✓ each box and signing below) | |
|---------------------|---|---|---|--|
| a) | I understand the eligibility criteria to | o compete as an athl | ete with intellectual disability. | |
| b) | I give Sport Inclusion Australia perm Australia Data Protection and Inform | | ation in accordance with the Sport Inclusion cy. | |
| c) | | lity and sports classif | formation to decide whether I am a person fication and to share this information with ional Sport Organisations. | |
| d) | As far as I know, all the information | in my application is | true and accurate. | |
| e) | I understand what the information i | n this form is being | used for, or I have had this explained to me. | |
| (Atl | hlete's Signature or identifying ma | ark) | (Date) | |
| cap By s witl | pacity to give consent) signing this declaration I am sayin | ng that the athlete ir own behalf. I und | s under 18 or over 18 and without legal named above is less than 18 years or derstand the above declarations and have | |
| Sig | nature + print name | (Date) | Relationship to Athlete | |
| | | | | |
| _ | ort Inclusion Australia NEWSLET oscribe to the Sport Inclusion Aust | | | |
| No | · | | | |

| Subscribe to | the Sport I | nclusion Australia newsletter? |
|--------------|-------------|--------------------------------|
| No □ | Yes 🗖 | Email address |

| A T I | | TEIC | | | |
|--------------|------|------|-------|---------|--|
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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 ✓ all that apply)

| | | Yes | No |
|--|---|-----|----|
| Significant impairment in eligibility criteria) | n intellectual functioning (see guidelines for | | |
| • | adaptive behaviour as expressed in practical adaptive skills (see guidelines for | | |
| Intellectual disability evidual is from conception to 22 | dent during the developmental period, which greats 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 Virtus National Member Organisation

Sport Inclusion Australia

President or Secretary
General

Chief Executive Officer

Position

Date

PART 4: ATTACHMENTS/CHECKLIST

Robyn J Smith OAM

Printed Name

| Form and all attachments | | |
|---------------------------|---|--|
| Evidence | Appropriate evidence of intellectual disability attached | |
| Additional Attachments | 1 photo (with athletes name on the back) | |
| Attachments | Photographic identification (student card) if possible | |
| | Registration Fee Students \$25 / Adults \$50 This will be invoiced once the application has been approved | |
| 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 15
Latimer Street Benalla Victoria 3672 or by email mail@siasport.org.

Please note if sending via email only pdf forms and evidence will be accepted.

Photos can be sent through as jpg files.

Please DO NOT send any forms or evidence through as jpg files.

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

15 Latimer Street 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

88 Mewnham Road MT GRAVATT QLD 4122

07 3155 7030



New South Wales Athletes: Sports 4 All

PO BOX 692

KINGS LANGLEY NSW 2147

0478 182 471



GPO Box 3217 DARWIN NT 0801 08 8981 3686



PO Box 49

MOWBRAY TAS 7248

03 6326 3344





Australian Capital Territory Athletes:

C/- Sport Inclusion Australia

15 Latimer Street BENALLA VIC 3672



Western Australian Athletes: Inclusion Solutions

PO Box 1279

INNALOO WA 6918

08 9201 8900

