



For para-athletes with
an intellectual disability

ATHLETE REGISTRATION AND PRIMARY ELIGIBILITY APPLICATION FORM (V5 - MARCH 2014)

PART 1: ATHLETE

*This page to be completed by the athletes
representative*

Attach/insert 1
passport-size
photo here

(Please write the
athletes name on the

Athletes Family/Last Name	
Athletes First/Given Name	
Nation/Country	
Sport(s) in which the athlete will compete	1 2 3

Date of Birth	(dd/mm/yyyy)	Male/Female	
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Date by which registration in the Master List is needed:	(dd/mm/yyyy)
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<i>For Inas use only:</i>	<i>Full</i>	<i>Provisional</i>
<i>Sent to panel date:</i>	1. <input type="checkbox"/>	<input type="checkbox"/>
	2. <input type="checkbox"/>	<input type="checkbox"/>
<i>Notes</i>		
<i>1st Sport :</i>	_____	<i>Date :</i> _____
<i>2nd Sport:</i>	_____	<i>Date :</i> _____
<i>3rd Sport :</i>	_____	<i>Date :</i> _____
<i>Letter sent</i> <input type="checkbox"/>		<i>Entered in database</i> <input type="checkbox"/>

ATHLETE'S NAME:

This page to be completed by the athletes 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 themselves, the second part should also be signed by the athletes 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 confirm that I shall comply with and be bound by all of the provisions of the Inas Anti-Doping Policy, including but not limited to, 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, Inas and National Anti-Doping Organizations have jurisdiction to impose sanctions as provided in the Inas Anti-Doping Rules.
- c) I give Inas permission to use information in accordance with the Inas Data Protection and Information Handling Policy.
- d) I understand and agree to uphold the principles of the Inas Code of Ethics and the spirit of fair play.
- e) I agree to Inas 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 INAS research code, and this data will not identify me individually and be managed under the Inas Data Protection and Information Handling Policy.
- g) I give Inas 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, IPC and IF's.
- h) As far as I know, all the information in my application is true and accurate.
- i) 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 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

INAS NEWSLETTER

Subscribe to the Inas newsletter?

No

Yes

Email address _____

CONFIDENTIALITY AND DATA PROTECTION

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

ATHLETE'S NAME:

This page to be completed by the [National Eligibility Officer](#)

PART 2: PRIMARY

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. 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		

TYPE OF REGISTRATION REQUIRED (For details, please refer to guidance notes)

Level 1: Provisional Eligibility		Tick one box only
Level 2: Full Eligibility		

EVIDENCE

Name of IQ Test Used:	Name or Method of Adaptive Behaviour Assessment Used:	
Version:	Version:	
Full Scale IQ Score:	Score: (if available)	

NATIONAL ELIGIBILITY OFFICER (NEO) ENDORSEMENT

Name	_____
	(Last Name or Family Name) (First Name or Given Name)
Signature	
Date	

ATHLETE'S NAME:

This page to be completed by the organisation submitting the application

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 Inas Athlete Database.

Name of Inas National Member Organisation

**President or Secretary
General**

.....
Signature

.....
Printed Name

.....
Position

.....
Date

Seal

PART 4: ATTACHMENTS/CHECKLIST

Form and all attachments	<ul style="list-style-type: none"> Completed in English (unless specified otherwise) 	
Evidence	<ul style="list-style-type: none"> Evidence of IQ assessment/report attached and signed Evidence of Adaptive Behaviour assessment/report attached and signed Appropriate evidence of age of onset attached or signed statement from psychologist 	
TSAL	<ul style="list-style-type: none"> TSAL has been completed at www.inas.org (State date/time submitted _____) 	
Additional Attachments	<ul style="list-style-type: none"> 1 photo Copy of Passport of similar photo-identification Registration Fee \$40 made payable to Ausrapid 	
Endorsements	<ul style="list-style-type: none"> National Eligibility Officer Inas 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.

CHECKLIST & CONTACT LIST

Completed forms and attachments to be forwarded to AUSRAPID as indicated above. If there is some problem, please contact your State/Territory Member organisation listed below for further assistance.

Victorian Athletes:

VICSRAPID
4 Lowry Place
BENALLA VIC 3672
03 5762 3419



South Australian Athletes:

Inclusion Sport SA
PO Box 63
TORRESVILLE SA 5031
08 8152 2474



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:

The New Horizons Club
PO Box 49
MOWBRAY TAS 7248
03 6326 3344



Australian Capital Territory Athletes:

ACTSPORT
C/- AUSRAPID
4 Lowry Place
BENALLA VIC 3672



Western Australian Athletes:

Inclusion WA
PO Box 1279
INNALOO WA 6918
08 9201 8900

