



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

<b>Date of Birth</b>	( dd/mm/yyyy )	<b>Male/Female</b>	
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<b>Date by which registration in the Master List is needed:</b>	( 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>1<sup>st</sup> Sport :</i>	_____	<i>Date :</i> _____
<i>2<sup>nd</sup> Sport:</i>	_____	<i>Date :</i> _____
<i>3<sup>rd</sup> 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)**

<b>Level 1: Provisional Eligibility</b>		Tick one box only
<b>Level 2: Full Eligibility</b>		

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

## 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

