

xxx
Do not staple or bind
xxx

ATHLETE REGISTRATION AND PRIMARY ELIGIBILITY APPLICATION FORM (NOVEMBER 2011)

PART 1: ATHLETE REGISTRATION

*This page to be completed by the athletes
representative*

Attach/insert 1 passport-size photo here (Please write the athletes name on the back)	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: Note: You are advised to allow at least 12 weeks	(dd/mm/yyyy)
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For Inas use only:

Athlete details correct	<input type="checkbox"/>	IQ test & report < than 5 yrs old	<input type="checkbox"/>
Photograph attached	<input type="checkbox"/>	Copy of IQ summary sheet	<input type="checkbox"/>
Athlete declaration signed	<input type="checkbox"/>	Valid AB test used	<input type="checkbox"/>
Parent/Legal guardian declaration signed	<input type="checkbox"/>	AB report completed & signed	<input type="checkbox"/>
Details of evidence/tests completed	<input type="checkbox"/>	AB test & report < than 5 yrs old	<input type="checkbox"/>
NEO signed/confirmed signatory	<input type="checkbox"/>	Copy of AB summary sheet	<input type="checkbox"/>
Valid IQ test used	<input type="checkbox"/>	Passport or similar attached	<input type="checkbox"/>
IQ report completed & signed	<input type="checkbox"/>	Member organisation signed	<input type="checkbox"/>

Sent to panel date:	1. <input type="checkbox"/>
	2. <input type="checkbox"/>

Notes

1st Sport : _____

Date : _____

2nd Sport: _____

Date : _____

3rd Sport : _____

Date : _____

Scanned ☐

Letter sent ☐

Entered in database ☐

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 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. 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		

TESTS USED AND RESULTS

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 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">Full IQ report attached and signedFull Adaptive Behaviour Assessment attached and signedAppropriate evidence of age of onset attached or signed statement from psychologist	
TSAL	<ul style="list-style-type: none">TSAL has been completed (State date/time submitted _____)	
Additional Attachments	<ul style="list-style-type: none">1 photo (with athletes name on the back)Copy of Passport of similar photo-identification	
Endorsements	<ul style="list-style-type: none">National Eligibility OfficerInas 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.