



# INAS ATHLETE ELIGIBILITY APPLICATION FORM

(V6 – MAY 2017)

This page to be completed by the athletes representative

## ATHLETE DETAILS

Insert passport-size photo here

Athletes Family/Last Name:	
Athletes First/Given Name:	
Nationality/Country:	
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:			
Phone Number:	+61 / Country code/number	Email Address:	

Eligibility Group: (please check the eligibility criteria carefully and tick 1 box only)	1. Intellectual Disability <input type="checkbox"/> 2. Significant Additional Disability (Down Syndrome) <input type="checkbox"/> 3. Autism <input type="checkbox"/>
Type of registration required: (for details, please refer to the guidance notes)	National <input type="checkbox"/> International <input type="checkbox"/>
Sport(s) in which the athlete will compete:	1 2 3

ATHLETES 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. INAS Member Organisations 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 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 INAS policies and procedures including, but not limited to all of the provisions of the INAS 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, INAS and National Anti-Doping Organisations have jurisdiction to impose sanctions as provided in the INAS Anti-Doping Rules.
- c) I give INAS permission to hold information electronically and 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 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 I 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:

This page to be completed by the athletes doctor

**ATLANTOAXIAL INSTABILITY (AAI)**

ATHLETES WITH DOWN SYNDROME ONLY

To be completed by a qualified medical practitioner or chartered physiotherapist:

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

Practitioners Name	_____
	(Last Name or Family Name) (First Name or Given Name)
Address	_____
Phone Number	+ /
	Country code/number
Email Address	_____
Signature	_____
Date	_____

ATHLETES NAME:

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

## NEO ENDORSEMENT

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)

**Please complete 1, 2 or 3 only.**

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

2. SIGNIFICANT ADDITIONAL IMPAIRMENT (Down's Syndrome)		
Significant additional impairment (see guidelines for eligibility criteria)	Yes	No
Nature of additional impairment:		
Has a blood test or other formal medical assessment been made?	Yes	No

3. AUTISM		
Athlete has a formal diagnosis of autism	Yes	No
Name/Method of assessment used:		
Test Used:	Score:	

NATIONAL ELIGIBILITY OFFICER (NEO) ENDORSEMENT

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

ATHLETES NAME:

This page to be completed by the INAS Member Organisation

**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 Master List.		
Name of INAS Member Organisation  SPORT INCLUSION AUSTRALIA		
President or Secretary General  ..... Signature Robyn J Smith ..... Printed Name	Chief Executive Officer  ..... Position  ..... Date	Seal

**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 intellectual impairment attached and signed</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></li> <li>(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 \$150</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.

Please send or email completed form to:  
 Sport Inclusion Australia  
 4 Lowry Place  
 Benalla Vic 3672  
 Email: [mail@sportinclusionaustralia.org.au](mailto:mail@sportinclusionaustralia.org.au)

## 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 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:

C/- Sport Inclusion Australia  
4 Lowry Place  
BENALLA VIC 3672



Western Australian Athletes:

Inclusion Solutions  
PO Box 1279  
INNALOO WA 6918  
08 9201 8900

