



INAS ATHLETE ELIGIBILITY APPLICATION FORM

(V8 – JAN 2019)

This page to be completed by the athletes representative

ATHLETE DETAILS

Insert passport-size photo here

Athletes Family/Last Name as stated in passport:	
Athletes First/Given Name as stated in passport:	
Nationality/Country:	
Date of Birth:	(dd/mm/yyyy)
Male/Female:	

Athlete Address:			
Phone Number:	+ / 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:	+ / Country code/number	Email Address:	

Eligibility Group: (please check the eligibility criteria carefully)	1. II1 (Intellectual Disability) <input type="checkbox"/> National <u>OR</u> <input type="checkbox"/> International
	2. II2 (Significant Impairment) <input type="checkbox"/>
	3. II3 (High Functioning Autism) <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

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 Privacy Policy. I agree that in order to maintain the principles of fair eligibility and classification, INAS may retain relevant and essential information indefinitely.
- 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 Privacy 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 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

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 <input type="checkbox"/>	No <input type="checkbox"/>
Does the person show evidence of progressive Myopathy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the person have poor head/neck muscular control?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the person's neck flexion allow the chin to rest on their chest?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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)

II1 - INTELLECTUAL DISABILITY			
Significant impairment in intellectual functioning (see guidelines for eligibility criteria)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Significant limitations in adaptive behaviour as expressed in conceptual, social, and practical adaptive skills (see guidelines for eligibility criteria)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Intellectual disability evident during the developmental period, which is from conception to 18 years of age	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Name of IQ Test Used:		Full Scale IQ Score:	
Name/Method of Adaptive Behaviour assessment used:		Adaptive Behaviour Score: (if available)	

II2 - SIGNIFICANT IMPAIRMENT		
Significant impairment (see guidelines for eligibility criteria)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Nature of additional impairment:		
Has a blood test or other formal medical assessment been made?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

II3 - AUTISM		
Athlete has a formal diagnosis of autism	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has a Full Scale IQ score of 76 or above, or no diagnosis of intellectual disability		
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

President or Secretary
General

.....
Signature

.....
Printed Name

.....
Position

.....
Date

Seal

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 intellectual impairment attached and signed	
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 photoCopy 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.