



ATHLETESWITHOUTLIMITS



# ATHLETE ELIGIBILITY APPLICATION FORM

(V8 – JAN 2019)

## ATHLETE DETAILS - This page to be completed by the athlete's representative

<p>Include a Digital Headshot when you upload your application.</p> <p>Event for which athlete needs eligibility:</p> <input type="text"/> <p>Event Date:</p> <input type="text"/>	Athletes <b>full Last Name:</b> (as stated on Passport)			
	Athletes <b>full First Name:</b> (as stated on Passport)			
	Nationality: (as stated on Passport)			
	Date of Birth:		<i>e.g. January 1, 2000</i>	
	Gender:		<input type="checkbox"/> Female <input type="checkbox"/> Male	
	Team Name:			
Athlete Address:				
Phone Number:		Email Address:		
<p>If the athlete is under 18 years of age, or without legal competency to sign:</p>				
Parent/Guardian Name:		Relationship:		
Parent/Guardian Address:				
Phone Number:		Email Address:		
Eligibility Level: (leave blank if unsure)	<input type="checkbox"/> Provisional National Level (for US Rowing and some Developmental U.S Events only) <input type="checkbox"/> Full International Level			
Eligibility Group: (leave blank if unsure)  <b>Note for Golf Applicants:</b> The US Adaptive Open and USPGA Golf Championships follow Paralympic rules so are only open to players who meet <b>Virtus II1 criteria w/Full International Level</b> eligibility confirmed.	Eligibility Groups Offered at Virtus Events: <input type="checkbox"/> <b>Virtus II-1: Intellectual Disability</b> (IQ 75 or lower) <input type="checkbox"/> <b>Virtus II-2: Intellectual Disability w/Tri21 or Translocation Down Syndrome</b> (or similar additional impairment) <input type="checkbox"/> <b>Virtus II-3: Autism+</b> (ASD Diagnosis with IQ 76 or higher)		Paralympic Classification: <input type="checkbox"/> (Virtus II-1) Para Swimming S14 Class <input type="checkbox"/> (Virtus II-1) Para Track & Field T20/F20 <input type="checkbox"/> (Virtus II-1) Para Table Tennis Class 11  <i>Athletes seeking Paralympic Classification must have an IQ of 75 or lower and provide all <b>Virtus II-1 evidence</b> of Intellectual Disability.</i>	
Sport(s) in which the athlete will compete:	1			
	2			

---

## ATHLETES NAME:

---

### DECLARATIONS & PERMISSIONS - This page to be completed by the athlete & athlete's representative

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 athlete's parent or legal guardian.

PRIVACY: As a nonprofit advocating for athletes with intellectual impairment privacy is a top priority. Eligibility applications are reviewed by AWL Eligibility Staff which includes licensed psychologists trained in sport eligibility. Private medical information is not shared with other staff, volunteers or coaches without permission and best practices in data protection and security are practiced in accordance with our privacy policy at: [www.athleteswithoutlimits.org/about/privacy](http://www.athleteswithoutlimits.org/about/privacy). Similarly applications submitted to Virtus: World Intellectual Impairment Sport for endorsement are subject to the Virtus Data & Information Handling policy at: [www.virtus.sport/privacy-policy](http://www.virtus.sport/privacy-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 Virtus policies and procedures including, but not limited to all of the provisions of the 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, Virtus and National Anti-Doping Organisations have jurisdiction to impose sanctions as provided in the Anti-Doping Rules. ☐
- c) I give AWL & Virtus permission to hold information electronically and to use information in accordance with their Privacy Policy. I agree that in order to maintain the principles of fair eligibility and classification, Virtus may retain relevant and essential information indefinitely. ☐
- d) I understand and agree to uphold the principles of the Virtus Code of Ethics and the spirit of fair play. ☐
- e) I agree to AWL & Virtus 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 Virtus research code, and this data will not identify me individually and be managed under the Virtus Privacy Policy. ☐
- g) I give Virtus 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. ☐

\_\_\_\_\_  
(Athlete 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:

APPENDIX 1- ATLANTOAXIAL INSTABILITY (AAI) –  
This page to be completed by the athletes doctor/physician

**NOTE: THIS PAGE ONLY NEEDS TO BE BE  
COMPLETED BY ATHLETES WITH DOWN SYNDROME**

To be completed by a qualified medical practitioner. Please place a ✓ in the appropriate box:

	<i>example</i>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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"/>

Copy of neck x-ray reports attached (mandatory)	Yes <input type="checkbox"/>	
---	------------------------------	--

STATEMENT: In my professional opinion I confirm the athlete is free from symptomatic AAI and is safe to participate in competitive sport I confirm the athlete and their family/guardians have been made aware of the risk and that Virtus: World Intellectual Impairment Sport accepts no responsibility in the event of injury arising from AAI

I confirm that I am a physician/doctor qualified in the assessment and diagnosis of AAI.

Practitioners Name	-----	
Qualification/Profession		Official Stamp:
Address		
Phone Number	+        / Country code/number	
Email Address		
Signature		
Date		

ATHLETES NAME:

## ATHLETES WITHOUT LIMITS: EMERGENCY MEDICAL INFORMATION FOR US ATHLETES

### EMERGENCY CONTACT

Name:

Relation:

Phone(s):

### IMPORTANT ALLERGIES & MEDICAL NOTES IN CASE OF EMERGENCY:

---

---

---

---

---

### MEDICATIONS

List Name and Dose so we can make sure none require additional TUE paperwork for competition:

☐ No Medications

1. Medication Name, Dose & Frequency:

2. Medication Name, Dose & Frequency:

3. Medication Name, Dose & Frequency:

4. Medication Name, Dose & Frequency:

5. Medication Name, Dose & Frequency:

## ATHLETES WITHOUT LIMITS: RELEASE FORMS FOR US ATHLETES

### LIABILITY RELEASE (REQUIRED FOR PARTICIPATION):

(Name) would like to travel with and/or participate in group trips or programs or events hosted by or associated with Athletes Without Limits. I acknowledge the risks and potential for risks of travel and participating in various sports. However, I feel that the possible benefits to myself/my son/my daughter/my ward are greater than the risk assumed. I hereby intend to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Athletes Without Limits, its Board of Directors, Coaches, Aids, Volunteers and/or Employees for any and all injuries and/or losses I/my son/my daughter/ my ward may sustain while traveling with Athletes Without Limits or while participating in, planning, or attending sporting, training and other events as part of Athletes Without Limits programming.

Athlete Signature:

Date:

Parent/Guardian 1 Signature:

Date:

Parent/Guardian 2 Signature:

Date:

### PHOTO/FILM/BIO RELEASE (OPTIONAL):

I hereby consent to and authorize the use and reproduction by Athletes Without Limits (and its media partners) of any and all photographs and other audiovisual materials (including film) taken of me/my son/my daughter/my ward for promotional, educational fundraising and any other use for the benefit of Athletes Without Limits and its mission and programs. Examples include an athlete photo and bio that will appear on athleteswithoutlimits.org website, press releases, Facebook and Twitter updates, fundraising materials, etc.

Athlete Signature:

Date:

Parent/Guardian 1 Signature:

Date:

Parent/Guardian 2 Signature:

Date: