



ATHLETESWITHOUTLIMITS



# ATHLETE ELIGIBILITY APPLICATION FORM

(V8 - JAN 2019)

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

**Please email a digital headshot of the athlete when you email your application and evidence of disability.**

Event for which athlete needs eligibility:

Event Date:

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:			
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Phone Number:	(+1)	Email Address:	
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If the athlete is under 18 years of age, or without legal competency to sign:

Parent/Guardian Name:		Relationship:	
Parent/Guardian Address:			
Phone Number:	(+1)	Email Address:	

Athletes applying for International Level must include a copy of their Passport (or State ID if no Passport)

Eligibility Level:	<input type="checkbox"/> US National Level      \$50 Application Fee <input type="checkbox"/> <b>International Level      \$150 Application Fee</b> <span style="color: red;"><b>AWL will email you an invoice when we receive your application.</b></span>
Eligibility Group: (Leave blank if unsure)	<input type="checkbox"/> I11 Intellectual Disability (IQ 75 or below) <input type="checkbox"/> I12 Significant Impairment: Trisomy21/Translocation Down Syndrome <input type="checkbox"/> I13 Autism+ (IQ 76 or higher and/or does not meet I11 Criteria for ID)
Sport(s) in which the athlete will compete:	<div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">2</div>

**Please email application and supporting attachments to: [info@athleteswithoutlimits.org](mailto:info@athleteswithoutlimits.org)**

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## ATHLETES NAME:

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### 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 athletes 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

**Please email application and supporting attachments to: [info@athleteswithoutlimits.org](mailto:info@athleteswithoutlimits.org)**

**ATHLETES NAME:**

**ATLANTOAXIAL INSTABILITY (AAI) - This page to be completed by the athlete's physician**

**IMPORTANT: THIS PAGE IS ONLY REQUIRED FOR ATHLETES WITH DOWN SYNDROME (INCLUDING I11- MOSAIC OR I12-TRISOMY21/TRANSLOCATION)**

**For US National Level eligibility you may attach a copy of the athlete's AAI x-ray report and/or most recent signed doctor's statements you already have that show the athlete is AAI Clear or AAI Asymptomatic and cleared to compete. You can then submit your application to AWL for review (and have your physician sign this page at your next visit.)**

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"/>
An x ray of the neck has been conducted	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
A copy of the x ray report is attached?	Yes	<input type="checkbox"/>	No <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	<hr/> (Last Name or Family Name) (First Name or Given Name)	
Qualification/Profession		Official Stamp:
Address		
Phone Number	(+1)	
Email Address		
Signature		
Date		

**Please email application and supporting attachments to: [info@athleteswithoutlimits.org](mailto:info@athleteswithoutlimits.org)**

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ATHLETES NAME:

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

**EMERGENCY CONTACT**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone(s): \_\_\_\_\_

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

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**MEDICATIONS**

List Name and Dose so we can make sure none require additional TUE paperwork for competition:  No Medications

1. Medication Name, Dose & Frequency: Name - Dose - Frequency

2. Medication Name, Dose & Frequency: Name - Dose - Frequency

3. Medication Name, Dose & Frequency: Name - Dose - Frequency

4. Medication Name, Dose & Frequency: Name - Dose - Frequency

5. Medication Name, Dose & Frequency: 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: \_\_\_\_\_

Please email application and supporting attachments to: [info@athleteswithoutlimits.org](mailto:info@athleteswithoutlimits.org)



**ATHLETESWITHOUTLIMITS**



## ATHLETE ELIGIBILITY APPLICATION (FOR US ATHLETES WITH INTELLECTUAL IMPAIRMENT)

### NATIONAL LEVEL ELIGIBILITY

#### Who should Apply for National Eligibility?

Athletes with an intellectual impairment looking to compete at a) Athletes Without Limits national events b) Developmental U.S. Paralympic sanctioned events open to athletes with "National Classification" and c) Other US organizations who choose to follow Athletes Without Limits/Virtus eligibility guidelines.

*Note: Athletes who have qualified for Athletes Without Limits National Teams competing at Virtus Global Games or World Championships should instead apply for International Level Eligibility.*

*Athletes who have met a Paralympic Emerging Team Time or Standard in Swimming, Table Tennis or Track & Field should instead apply for International Level Eligibility.*

#### How long does eligibility take?

National eligibility timeline depends on the IQ and other documentation the athlete already has. available. Eligible athletes will be notified by email and added to [Athlete Without Limits US Master List](#). National eligibility does not expire—you only have to apply once. (Note applications *without* a time sensitive upcoming event may take longer than typical during COVID)

#### National Application Checklist:

- 1. Complete the 4-page Athlete Application attached.
- 2. Provide National Level Evidence of Disability which includes the following - send full reports:
  - All athletes should provide latest or most thorough IQ and Adaptive Behavior Assessments/Scores.
  - All athletes should provide latest school IEP.
  - Athletes with Autism should also provide diagnostic reports /rating scales (ADOS, ASRS, DSM-V)
  - Athletes with Down syndrome should also provide blood test or Dr.'s statement confirming type (Trisomy21, Mosaic, etc.) and AAI x-ray with Dr's statement of clearance for participation in sport.
- 3. Provide a digital headshot of the athlete.
- 4. Application Fee \$50 (we will invoice you by email when your application is received.)

#### Where do I submit the application?

**The application and supporting items should be emailed to [info@athleteswithoutlimits.org](mailto:info@athleteswithoutlimits.org)**

In some cases athletes may be working with their coach to complete eligibility, in which case you may be asked to email this information to your coach instead.

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**This application and more detailed information is available at: [www.athleteswithoutlimits.org/eligibility](http://www.athleteswithoutlimits.org/eligibility)**



**ATHLETESWITHOUTLIMITS**



## ATHLETE ELIGIBILITY APPLICATION (FOR US ATHLETES WITH INTELLECTUAL IMPAIRMENT)

### INTERNATIONAL LEVEL ELIGIBILITY

#### Who should Apply for International Eligibility?

- Athletes with an intellectual impairment who have qualified for Athletes Without Limits National Teams competing at Virtus Global Games or World Championships (II1, II2 or II3 Groups).
- Athletes with an Intellectual Disability (II1 Group) who have met a Paralympic Emerging Team Time or Standard in Swimming, Table Tennis or Track & Field. (See "[Paralympic Eligibility & Classification Page](#)" for more information on Paralympic Classification for elite-level athletes with intellectual impairment.)
- Athletes with an Intellectual Disability (II1 Group) who have qualified to compete at a *World Taekwondo* International level event in the P20 Para class for Poomsae.

Note: All other athletes should apply for *National Level Eligibility* instead.

#### How long does eligibility take?

International eligibility can take 1-3 months weeks depending on the information provided as evidence. Applications are first reviewed and endorsed by Athletes Without Limits and our US Eligibility Psychologist. They are then submitted to the Virtus Eligibility Committee for confirmation.

Some athletes may need to schedule new testing with their school or psychologist in order to provide the exact documentation which can take longer.

Eligible athletes will be notified by email and added to [Athlete Without Limits US Master List](#), and the *Virtus International Master List*. International eligibility does not expire—you only have to apply once.

#### Where do I submit the application?

**The application and supporting items should be emailed to:** [info@athleteswithoutlimits.org](mailto:info@athleteswithoutlimits.org)

In some cases athletes may be working with their coach to complete eligibility, in which case you may be asked to email this information to your coach instead.

### INTERNATIONAL APPLICATION CHECKLIST:

1. Complete the 4-page Athlete Application attached.
2. Provide International Level Evidence of Disability described on the following page.
3. Provide a digital headshot of the athlete.
4. Provide proof of identity (copy of Passport or State ID if no Passport)
5. Application Fee \$150 (we will invoice you by email when your application is received.)

**This application and more detailed information is available at:** [www.athleteswithoutlimits.org/eligibility](http://www.athleteswithoutlimits.org/eligibility)



**EVIDENCE REQUIRED FOR VIRTUS ELIGIBILITY FOR ATHLETES WITH INTELLECTUAL IMPAIRMENT:**

<p style="text-align: center;"><b>II1</b></p> <p style="text-align: center;"><b>Intellectual Disability</b></p> <p>Includes Paralympic Classes:  <b>Swimming (S14/SB14)</b>  <b>Table Tennis (Class 11)</b>  <b>Track &amp; Field (T20/F20)</b></p> <p>Includes World Taekwondo:  <b>Para Class P20</b></p>	<p><b>II1 Eligibility Criteria:</b></p> <ul style="list-style-type: none"> <li>• Full-Scale IQ score of 75 or lower;</li> <li>• Significant limitations in adaptive behaviour; AND</li> <li>• Onset before age 18.</li> </ul> <p>Note: Athletes with Autism AND Intellectual disability should apply for II1</p>	<p><b>II1 Documentation Required:*</b></p> <ol style="list-style-type: none"> <li>1. <b>WAIS, WISC or Stanford Binet IQ</b> Assessment, Report and Summary of Scores from <b>within last 5 years.</b></li> <li>2. <b>Vineland, ABAS, or AAMR</b> Adaptive Behavior Assessment, Report and Summary of Scores from <b>within last 5 years.</b></li> <li>3. IQ or other relevant scores or diagnosis from before age 18 referenced in a report.</li> </ol>
<p style="text-align: center;"><b>II2</b></p> <p style="text-align: center;"><b>Intellectual Disability w/Additional Physical Impairment: (e.g. Tri21 Down Syndrome)</b></p> <p><i>Note: Athletes may compete in this group at Athletes Without Limits and Virtus events but must compete in III in Paralympics.</i></p>	<p><b>II2 Eligibility Criteria:</b></p> <p>A) Intellectual Disability w/Additional Physical Impairment OR</p> <p>B) Formal diagnosis of Trisomy or Translocation Down Syndrome; For safety athletes must not have <i>symptomatic</i> Atlantoaxial Instability (AAI)</p> <p>Note: Athletes with Mosaic Down Syndrome should apply for the II1 Group for Intellectual Disability.</p>	<p><b>II2 Documentation Required:*</b></p> <p>A) All required II1 evidence above, plus evidence of additional physical impairment confirmed by interview with our National Eligibility Psychologist. OR</p> <p>B) Copy of genetic testing showing a formal diagnosis and type of Down Syndrome (Tri21 or Translocation) or statement from Physician. Most recent copy of AAI exam X ray results showing athlete does not have symptomatic AAI. <b>Athlete's Physician must sign Page 3 (AAI) of the attached application stating athlete is cleared to compete.</b></p>
<p style="text-align: center;"><b>II3</b></p> <p style="text-align: center;"><b>*High Functioning Autism (*Trial Group)</b></p> <p><i>Note: Athletes may compete in this group at Athletes Without Limits and Virtus events but are not eligible for Paralympics.</i></p>	<p><b>II3 Eligibility Criteria:</b></p> <ul style="list-style-type: none"> <li>• A formal diagnosis of Autism, ASD or Aspergers Syndrome</li> <li>• A Full-Scale score IQ of 76 or higher, OR no diagnosis of intellectual disability.</li> </ul>	<p><b>II3 Documentation Required:*</b></p> <ol style="list-style-type: none"> <li>1. Formal diagnosis (or confirmation of previous diagnosis) of Autism, ASD or Asperger's syndrome, carried out by a licensed psychologist, with background history and accepted diagnostic techniques such as: ADOS, ASRS, ICD-10 Criteria for Autism, etc. given <b>within the last 5 years.</b></li> <li>2. Any previous IQ and Adaptive Behavior assessments showing athlete does not meet the criteria for Intellectual Disability.</li> </ol>
<p><b>*About Additional Virtus Groups:</b> Virtus offers two additional eligibility groups II2 and II3 above at Virtus and Athletes Without Limits events. These additional groups are not offered at Paralympic sanctioned events. The criteria for these groups and sports offered will be revised/expanded as the project progresses and research data becomes available. Learn more at <a href="http://athleteswithoutlimits.org/eligibility">athleteswithoutlimits.org/eligibility</a></p>		<p><b>*Getting New Testing:</b> If the athlete does not have the exact assessments required, we've created a <a href="#">Guide for Psychologists</a> you can give to your psychologist so he/she can provide the assessments needed.</p>