



## A. APPLICATION INSTRUCTIONS (FOR US ATHLETES WITH INTELLECTUAL IMPAIRMENT)

### About Virtus Eligibility Groups & Paralympic Classification

Our Athletes Without Limits and Virtus events offer competition to athletes with intellectual impairment in three eligibility groups (Virtus I11, I12 and I13) across 10+ sports.

Paralympics offers one class for athletes with intellectual impairment in three sports (called Class S14/SB14 in Swimming, Class 11 in Table Tennis and Class T20/F20 in Track & Field) open to athletes who meet the Virtus I11 criteria below:

- **Virtus I11-Intellectual Disability (IQ 75 or lower, Significant Adaptive Limitations, Onset before 18)**  
*Virtus I11 athletes can also compete in Paralympic Swimming S14, Table Tennis Class 11, or Track & Field T20/F20.*
- **Virtus I12-Intellectual Disability with Significant Additional Impairment (Tri21 Down Syndrome)**  
*Virtus I12 athletes can compete as I11 athletes in the Paralympic class for intellectual impairment since they also meet the I11 Criteria.*  
*I12 athletes who are entering Paralympic events should include their most recent IQ and Adaptive Behavior Tests along with their Cytogenetic report and AAI Clearance Scan.*
- **Virtus I13-Autism with IQ 76 or higher (Sometimes called 'High Functioning Autism')**  
Virtus I13 athletes are not eligible for Paralympics, which is only open to athletes with an IQ of 75 or lower. Our AWL and Virtus events welcome I13 athletes and advocate for their inclusion by other event hosts.

### National vs. International Eligibility?

#### Provisional National Level:

- **Developmental Level or Youth (15 and under) competing at U.S. Paralympic and Move United** sanctioned Swim or Track & Field events.
- Note: Only athletes with in IQ of 75 or lower who can provide **Virtus I11** eligibility documentation are eligible for Paralympics.
- **US Rowing** national events open to I11, I12 and I13 athletes.

#### Full International Level (Most Applicants):

- Athletes who have qualified for Athletes Without Limits National Teams competing at *Virtus Global Games* or *World Championships* need International Level Eligibility.
- Athletes who are pursuing Paralympic Swimming, Table Tennis or Track & Field and require IPC Classification.
- Golfers who are applying for a WR4GD Pass in Golf.

### Application Checklist:

- ☐ 1. Complete the **4-page Virtus Application**.
- ☐ 2. Provide a **digital headshot** of the athlete.
- ☐ 3. Provide copy of **Passport or State ID**.
- ☐ 4. Provide **Evidence of Disability**  
*Include all the following below that apply:*  
**Please send full reports not partial pages.**
  - **All applicants should send the latest or most thorough psychological assessment** that includes IQ & Adaptive Behavior Results (e.g. WAIS, WISC, Vineland, ABAS, etc).
  - **Latest school IEP** can be helpful if it contains information relevant to the athlete's diagnosis of Intellectual Disability, Down Syndrome or Autism.
  - Athletes with Autism should include original **ASD diagnostic reports**/rating scales if available (ADOS, ASRS, Gilliam, etc.).
  - Athletes with Down syndrome should provide **Cytogenetic Blood Test** confirming DS type (Trisomy21, Mosaic, Translocation etc).
  - Athletes with Down syndrome should provide latest **AAI x-ray** scan report and Dr. signed statement of **AAI clearance** on page 3 of the application. Athletes with Down syndrome in sports with Paralympic opportunities (swimming, track & table tennis, golf) should include their most recent IQ and Adaptive tests for dual eligibility in Virtus I11 & I12.
- ☐ 5. **Application fee (We'll invoice you by email)**
  - For most applicants the (one-time) Virtus Eligibility Application fee is \$175.
  - For youth age 15 and under applying for Move United or Youth Para events the fee is \$75.

### How long does eligibility take?

Our national review typically takes 1-4 weeks depending on the information provided as evidence. Priority is given to athletes who are registered for upcoming events.

It can take an additional 5-12 weeks to have Virtus International confirm an athlete's International Eligibility. Eligible athletes will be notified by email and added to: [athleteswithoutlimits.org/eligibility/masterlist](https://athleteswithoutlimits.org/eligibility/masterlist)

### Where do I submit the application?

Due to file size and security issues do not email your application. When you are ready, return to our eligibility page to submit your signed PDF, Headshot, ID and Supporting Reports using our hipaa-friendly form:

<https://www.athleteswithoutlimits.org/eligibility>



# ATHLETE ELIGIBILITY APPLICATION FORM

(V11 – JAN 2023)

**ATHLETE DETAILS** - To be completed by the athletes representative for all athletes

Athletes Headshot	Athletes full Family/Last Name as stated in passport:	
	Athletes full First/Given Name as stated in passport:	
	Nationality/Country:	United States
	Date of Birth: dd/mm/yyyy	Age:
	Legal Gender as stated in passport:	male      female
Athlete Goes By Name/Nickname:		

Eligibility Groups:	<b>At Athletes Without Limits &amp; Virtus Events – 3 competition groups for Intellectual Impairment (II):</b> <input type="checkbox"/> II1-Intellectual Disability (includes Autism with Intellectual Disability) (IQ 75 or lower) <input type="checkbox"/> II2-Intellectual Disability with Additional Impairment/ <b>Down Syndrome</b> (IQ 75 or lower) <input type="checkbox"/> II3-Autism without Intellectual Disability/High Functioning Autism (IQ 76 or higher)  <b>At Paralympic Events – 1 Class for II athletes (Intellectual Disability w/IQ 75 or lower)</b> <input type="checkbox"/> <b>Para II Class:</b> Intellectual Disability, Autism with Intellectual Disability, and Down Syndrome compete together	
Sport(s) in which the athlete will compete:	1  2  <b>TEAM:</b>	<b>Upcoming Event:</b>

Athlete Address:			
Phone Number:	+1	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:	+1	Email Address:	
Athletes Social Media Pages			

ATHLETES NAME: \_\_\_\_\_



**DECLARATIONS & PERMISSIONS - This page to be completed by the athletes 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. Virtus Member Organisations should attach any statement regarding privacy of information and/or other legal statements that may be required, giving regard to the Virtus 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 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 Virtus permission to hold information electronically and to use information in accordance with the 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 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. ☐

\_\_\_\_\_  
(Athletes Signature or identifying mark)

\_\_\_\_\_  
(Date)

I wish to join the Virtus email list for newsletters ☐

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

I wish to join the Virtus email list for newsletters ☐

ATHLETES NAME: \_\_\_\_\_

## APPENDIX 1 - ATLANTOAXIAL INSTABILITY (AAI) -

This page to be completed by the athletes doctor/physician

**Physicians can E-sign this release in our hipaa compliant online form!**

<https://www.athleteswithoutlimits.org/eligibility/aai-physician-form>

**DOCTOR AAI RELEASE ONLY REQUIRED FOR ATHLETES WITH DOWN SYNDROME**

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

	example	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 report is attached ( <b>mandatory</b> )	Yes <input type="checkbox"/>	
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*This can be a previous scan the athlete already has in their records.*

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	<div style="border-bottom: 1px solid black; display: flex; justify-content: space-between; width: 100%;"> <span>(Last Name or Family Name)</span> <span>(First Name or Given Name)</span> </div>	
Qualification/Profession		Official Stamp:
Address		
Phone Number	+1 Country code/number	
Email Address		
Signature		
Date		

Please visit [athleteswithoutlimits.org/contact](https://www.athleteswithoutlimits.org/contact) for any questions.



ATHLETES NAME:



## ATHLETES WITHOUT LIMITS EMERGENCY MEDICAL INFORMATION

LEGAL NAME:

DATE OF BIRTH:

EMERGENCY CONTACT:

DIETARY:

OTHER ALLERGIES:

MEDICAL NOTES:

### MEDICATIONS:

Does the athlete currently take prescription medications?

☐ No Medications or ☐ Yes (Name, Dose Frequency, Condition)

1

2

3

4

5



### ANTI-DOPING & DRUG TESTING

Both Virtus and Paralympics follow the same anti-doping rules as the Olympics. This means athletes competing at Virtus World Championships, U.S. Paralympics or other events may be randomly drug tested while at an event.

### Therapeutic Use Exemptions (TUE)

Some medications that athletes with intellectual impairments need may be considered "banned substances" in which case additional paperwork signed by your doctor is needed. So we can help provide guidance please enter the athlete's medications.

## ATHLETES WITHOUT LIMITS RELEASE FORM

**Privacy Policy:** Applications submitted to the Athletes Without Limits are subject to the Athletes Without Limits (Virtus USA) privacy policy. Applications for full eligibility are also submitted to Virtus International for confirmation so are subject to the Virtus Privacy Policy noted above. Athlete Eligibility Applications submitted through this HIPAA-complaint online format are reviewed by our US Eligibility Director and US National Eligibility Psychologist(s) who are licensed by the APA. At Virtus International Eligibility applications are reviewed by an International Committee comprised of Licensed Psychologists. Athletes Without Limits does not share private medical information (other than the athlete's general sport eligibility group name) with any other organization outside of Athletes Without Limits or Virtus without the consent of the athlete/ parent/ guardian.

**Liability Release:** The athlete listed on this form may like to travel with and/or participate in group trips or programs or events hosted by or associated with Athletes Without Limits (USA Virtus Member) and/or Virtus International. 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.

**Photo/Video Release:** I hereby consent to and authorize the use and reproduction by Athletes Without Limits (and its media partners) of any and all photographs, videos and other audio-visual materials 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 may appear on Athletes Without Limits website, results and photo pages from our events, press releases, Facebook, fundraising materials, event information- al materials etc.

ATHLETE NAME:

ATHLETE SIGNATURE:

DATE SIGNED:

PARENT /GUARDIAN NAME:

PARENT /GUARDIAN SIGNATURE:

DATE SIGNED: