

# Information for Athlete and Parents - Please read before filling the form

Dear Parent/Athlete,

## **\*Important - Kindly read the below mentioned points before filling the application.**

1. Procedure for Athlete Registration for National and International Eligibility is as per the guidelines and policy of Virtus and International Paralympic Committee. All documents have to be submitted in accordance with the Rules and Regulations of Virtus WIIS.
2. INAS SIVUS INDIA follows the Eligibility Procedure developed by Virtus WIIS and agreed upon by the International Paralympic Committee. INAS SIVUS INDIA does not make the rules for Eligibility.
3. The process of Eligibility is to ensure genuine athletes are not cheated of their opportunities and to ensure fairplay.
4. Time taken by INAS SIVUS INDIA to process an application for National Registration is 2weeks - 4 weeks and time taken by Virtus WIIS for International Registration is 30 - 90 days from the date all the required documents are submitted.
5. For International registration, an application must be submitted 12 weeks before a competition, For National Registration, an application must be submitted 6 weeks before a competition.
6. TSAL Online form is to be filled for International Registration. The link will be shared once application is received.
7. The application will be processed only after all the documents are found to be satisfactory as per the guidelines of Virtus WIIS.
8. The Psychological Assessments (IQ and Adaptive behaviour) are of utmost importance and the guidelines should be followed in submitting the report.

## **Completing the Application Form (The form is to be filled in English Only)**

- 1) Page 1 is to be filled by the athlete's representative. Kindly fill all the details accurately. Sport should be entered as "Athletics/Swimming/Cycling,etc.". **Do not enter the individual event. Parent/Guardian and Athlete details are to be filled even if the athlete is above 18 years.**
- 2) Page 2: All declarations must be ticked and Athlete and Parent's signature is mandatory.
- 3) Page 3: Psychologist Endorsement is to be filled by the Psychologist only.

For Athletes Down Syndrome Only: Appendix 1 - Atlantoaxial Instability Page has to be filled by the Athlete's Doctor.

For Athletes with Intellectual Impairment with Significant Additional Impairment – Additional Impairment form has to be filled by the Athlete's doctor.

## **Submitting the Application (The Athlete Registration Form must be submitted with the following documents)**

- 1) Psychological and Adaptive Behaviour assessment
- 2) Copy of the Birth Certificate (If birth certificate is not available, then a notarized copy of an affidavit mentioning the date of birth of the athlete).
- 3) Photographic id - Copy of passport/aadhaar card
- 4) For Athlete's above 22 years, an older IQ report is mandatory. If IQ report is not available, then reports from a special school can be submitted.
- 5) For Athletes below 22 years, an older IQ report if available.
- 6) Special School student id (if available)
- 7) Disability certificate (if available)
- 8) DOWN SYNDROME ATHLETES - Karyotype/Cytogenetic test and Neck X-ray is Mandatory.
- 9) Athletes with Autism – Formal diagnosis of Autism or ASD carried out by a qualified psychologist.
- 10) **Application form and documents have to be scanned and clear. Images of the documents will not be accepted.**
- 11) **Scanned application form alongwith the documents must be e-mailed to [eligibility@sivusindia.org](mailto:eligibility@sivusindia.org). Applications will not be accepted in whatsapp.**

For any enquiries kindly send an e-mail to "[eligibility@sivusindia.org](mailto:eligibility@sivusindia.org)".

## **Understanding Athlete Eligibility Category**

**Eligible impairments within Virtus and SIVUS INDIA competition are explained below. Please note that not all groups are eligible in para-sport competition.**

### **II1 - Athletes with an Intellectual disability/impairment (II1 Category Athletes can participate in Virtus and Para Sport Pathways)**

Intellectual Disability is a disability characterised by significant limitation both in intellectual functioning and in adaptive behaviour as expressed in conceptual, social and practical adaptive skills. This disability originates before the age of 22'. Limitations in adaptive behaviour affect both daily life and the ability to respond to life changes and environmental demands (AAIDD – 2010, WHO ICD-10 and ICF-2001).

Based upon this definition, the Virtus Eligibility Criteria for athletes with an intellectual disability is:

1. Significant impairment in intellectual functioning, and;
2. Significant limitations in adaptive behaviour as expressed in conceptual, social, and practical adaptive skills. This is defined as performance that is at least 2 standard deviations below the mean of, either:
  - a. One of the following 3 types of adaptive behaviour: conceptual, social, or practical skills
  - b. An overall score on a standardised measure of conceptual, social and practical skills, and;
3. Intellectual disability must be evident during the developmental period, which is from conception to 22 years of age

Athletes must meet all 3 elements of the criteria to be eligible for consideration for intellectual disability sport.

### **II2 - Athletes with an intellectual disability and significant additional impairment (II2 Category Athletes can participate in Virtus Sport Pathways.**

**II2 Athletes can be both in II1 and II2 categories. They can participate in Para Sports in the II1 category provided they meet the qualification standards)**

A significant additional impairment is defined by Virtus as a lifelong condition that affects the functional capacity of the individual and substantially impacts on their sports performance. This includes athletes who have an intellectual disability, associated lifelong conditions, and/or a genetic condition, such as Down syndrome.

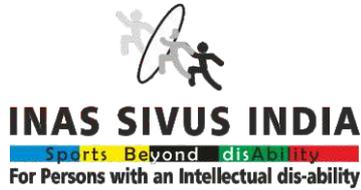
Athletes will be eligible for II2 if it can be demonstrated that they have significant functional impairment in addition to an intellectual disability. That is:

- 1) A formal diagnosis of Trisomy 21 or Translocation Down Syndrome.  
OR
- 2) Have a diagnosed intellectual disability (as defined by the II1 criteria) AND meet the minimum criteria for additional impairment as defined by the Virtus FAST Assessment.

### **II3 Athletes with Autism (no intellectual disability) (Note: II3 Athletes can participate in Virtus Sport Pathways Only)**

Autism or Autism Spectrum Disorder (ASD), is defined by the World Health Organisation (WHO) as 'persistent deficits in the ability to initiate and to sustain reciprocal social interaction and social communication, and by a range of restricted, repetitive, and inflexible patterns of behaviour, interests or activities that are clearly atypical or excessive for the individual's age and sociocultural context. The onset of the disorder occurs during the developmental period, typically in early childhood, but symptoms may not become fully apparent until later when social demands exceed limited capacities. Deficits are sufficiently severe to cause impairment in personal, family, social, educational, occupational or other important areas of functioning and are usually a pervasive feature of the individual's functioning observable in all settings, although they may vary according to social, educational, or other context. Individuals along the spectrum exhibit a full range of intellectual functioning and language abilities.' (ICD 11). Both the ICD 11 and the DSM 5 definition of Autism are accepted by Virtus.

Based upon this, the Virtus eligibility criteria for athletes with autism is a formal diagnosis of Autism or ASD carried out by qualified practitioners, using accepted diagnostic techniques



# ATHLETE ELIGIBILITY APPLICATION FORM

(V11 - Jan 2023)

## ATHLETE REGISTRATION

*\*This page is to be filled by the athlete's representative*

Intellectual Impairment -  Adult / Youth       Signification Additional Impairment        Autism

- Attach passport size photo here	Athletes full Family/Last Name as stated in passport	
	Athletes full First/Given Name as stated in passport	
	Nationality / Country/ State/City	
	Date of Birth	(dd/mm/yyyy)
	Male/Female	

<b>Eligibility Group:</b> <small>(tick all that apply)</small>	Tick 1 and/or 2 as appropriate OR Tick 3 only 1. II1 Intellectual disability <input type="checkbox"/> <b>National &amp; International</b> 2. II2 - Significant Additional Impairment <input type="checkbox"/> 3. II3 - Autism (No Intellectual disability) <input type="checkbox"/>
Sport(s) in which the athlete will compete: <small>(Example: Athletics, Swimming, etc.)</small>	1 2 3

Athlete Address :			
Phone Number :	+ / <small>Country code/number</small>	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 :	+ / <small>Country code/number</small>	Email Address :	
Athletes Social Media Pages			

ATHLETE'S NAME :

## ATHLETE INFORMATION

CONTACT PERSON	
IS HE/SHE ATTENDING/ HAS ATTENDED A SCHOOL FOR PERSONS WITH INTELLECTUAL DISABILITY? IF YES, SCHOOL NAME AND ADDRESS.	
DOES THE ATHLETE HAVE ANY MEDICAL CONDITION? IF YES, KINDLY GIVE DETAILS.	
HAS THE ATHLETE HAD ANY SURGERY? IF YES, KINDLY GIVE DETAILS.	
IS THE ATHLETE ON ANY MEDICATION? IF YES, KINDLY GIVE DETAILS OF THE MEDICATION PRESCRIBED.	
HAS THE ATHLETE HAD PROFESSIONAL TRAINING? IF YES, KINDLY GIVE DETAILS.	
IS THE ATHLETE TOILET TRAINED?	
CAN THE ATHLETE MANAGE HIS/HER DAILY ACTIVITIES ON THEIR OWN?	

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 and Sivus India 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 AntiDoping 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 and Sivus India 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 and Sivus India 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 and Sivus India 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 and Sivus India 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:

*\*This page is to be filled by the psychologist.*

## PSYCHOLOGIST 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.**

INTELLECTUAL DISABILITY			
Significant impairment in intellectual functioning		Yes	No
Significant limitations in adaptive behaviour as expressed in conceptual, social, and practical adaptive skills		Yes	No
Intellectual disability evident during the developmental period, which is from conception to 22 years of age (age of onset)		Yes	No
Name of IQ Test Used:		Full Scale IQ Score:	
Name/Method of Adaptive Behaviour assessment used:		Adaptive Behaviour Score:	
Verbal IQ:		Performance IQ:	
Evidence Attached			
Detailed Psychological Assessment as per Virtus guidelines		Yes	No
Summary Sheets(Record sheet where score is calculated)		Yes	No
Additional information			

AUTISM			
Athlete has a formal diagnosis of autism		Yes	No
Name/Method of assessment used :		Score:	
Evidence Attached			
Detailed as per Virtus guidelines		Yes	No
Additional information			

## PSYCHOLOGIST ENDORSEMENT

Name	<hr/>
	(Last Name or Family Name) (First Name or Given Name)
Registration Number	
Email Address	
Signature	
Date	

**IMPORTANT: THIS PAGE SHOULD BE COMPLETED FOR ALL ATHLETES WITH DOWN SYNDROME (II1 OR II2).**

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

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

*example* Yes  No

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 (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	<div style="border-bottom: 1px solid black; padding-bottom: 5px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>(Last Name or Family Name)</span> <span>(First Name or Given Name)</span> </div>	
Qualification/Profession		Official Stamp:
Address		
Phone Number	+            / Country code/number	
Email Address		
Signature		
Date		

ATHLETE'S NAME:

*\*This page is to be filled by the Parent/Guardian.*

## PARENT/GUARDIAN 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 SIVUS INDIA & Virtus Athlete Database.

..... Signature	..... Relationship
..... Printed Name	..... Date

## ATTACHMENT CHECKLIST

		Yes/No
Application Form	Pages 1 - Are all the details entered	
	Page 2 - Declarations are ticked and signed by the athlete and parent	
	Page 3(Psychologist endorsement) - All details entered by the psychologist with signature, seal and membership no.	
Evidential documents	1) IQ and Adaptive Behaviour Report / Autism Report	
	2) Is the report detailed in nature	
	3) Are the summary/score sheets attached	
	4) If athlete is above 22years, is an old IQ report attached as proof of age of onset	
	5) Copy of identity proof(passport/aadhaar)	
	6) Disability id card (if available)	
	7) Special school id card (if available)	
	8) Copy of birth certificate	
	9) Passport size photo of the athlete(jpeg format)	
Enter the date and time TSAL form has been submitted online		
For Athletes with Down Syndrome Only	1) A copy of the results of a blood test (cytogenetic analysis)	
	2) Copy of the X-ray of the neck joint	
	3) AAI form filled by a Doctor with signature and seal	

*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*

**ALL DOCUMENTS HAVE TO BE SCANNED AND EMAILED TO [eligibility@sivusindia.org](mailto:eligibility@sivusindia.org) .  
IMAGES OF THE DOCUMENTS WILL NOT BE ACCEPTED.**