



REGISTRATION OF ATHLETE

General Information (complete the following informations from your passport)

Surname (family name)	
First (Given) Name	
Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of birth	____ / ____ / ____
Nationality	
Passport Number /expiry date	_____ / ____ / ____

Contact Information

Address	
Phone (inc country code)	
Fax	
Email	

Parent or Guardian Details

Name	
Address	
Phone (inc country code)	
Fax	
Email	
Relationship	
Signature	

Insert photo of athlete >>>

Physiological Conditions and medical declaration

DIAGNOSIS (please attach "chromosome report")

Down Syndrome 21

Mosaic Down Syndrome

AAI – ATLANTO AXIAL INSTABILITY (please attach evidence of AAI status)

Symptomatic AAI

Asymptomatic AAI

Clear

1. Did the athlete have appropriate physical health to participate on the tournament?

Yes No Restrictions _____

2. Does he/she take any medication? Yes No In case of Yes, which?

Substance(s): generic name	Dose of administration	Route of administration	Frequency of administration
Intended duration of treatment :	Once only <input type="checkbox"/> Emergency <input type="checkbox"/>	Duration (week/month) _____	

3. Does he/she have any medication allergy? Yes No In case of Yes, which?

4. Does he/she have any food allergy? Yes No In case of Yes, which?

5. Does he/she have any food intolerance? Yes No In case of Yes, which?

6. Health care: Allergies Asthma Skin Epilepsy Lung

7. Surgery: _____

8. Any special care: _____

9. Vaccines: Tetanus __/__/__; Hepatitis __/__/__

I certify that the above-mentioned treatment is medically appropriate and that the use of alternative medications may need registering on a TUE Form according the WADA Code.

Doctor/Consultant information :

Name	
Medical speciality	
Address (city, post code, country)	
Phone (inc country code)	
Fax	
Email	
Signature of doctor/consultant	

Confidentiality of Information and/or Data Protection Statement

I understand that the information contained in this form will be circulated and processed as necessary by International Athletics Association for Persons with Down Syndrome (IAADS) and associated organisations in order to confirm my status as an athlete with down syndrome with organisers of sporting events I may enter worldwide.

I understand that this information will also be held on file, circulated and processed as necessary by International Athletic Association for Persons with Down Syndrome (IAADS).

Signed _____ Date _____

NOTE: if the person signing this form is under the age of 18 years then it should be countersigned by a Parent/Guardian.

Name _____ Relationship _____

Signed _____ Date _____

Please return complete form with all associated parts by email to IAADS

mary.russiello@tiscali.it