

Down Syndrome International Swimming Organisation



Registration Pack

(Updated April 2010)

Ability Not Disability

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6	Confirmation of Down 21 or Mosaic Down Syndrome		
7	All appropriate Medical Reports (See notes below)		
8	Atlanto Axial Declaration Letter (See Notes Below)		
9	Three Passport Photographs		
10	Registration Fee 2 years - \$50 or €40 (2010 - 2012)		
	Registration Fee 1 year \$25 or €20 (2011-2012)		

NOTE:

Athletes who were previously Registered must still complete all the Forms in the pack titled “Registration Application” this is to ensure that the information DSISO has is current and to fill gaps we have with the Registration Documents for swimmers. However, if the forms are still relevant you may send copies of previous forms.

Ensure that you submit verified copies of medical statements and accompanying documentation.

A Chromosome Report must be provided as evidence of Diagnosis of either Trisomy 21 or Mosaic Down Syndrome, athletes who do not provide sufficient evidence will be regarded as Mosaic Down Syndrome for the purposes of International Competition. This is also required if a change is known.

Swimmers must provide verified evidence of AAI (Atlanto Axial Instability) status; note that any person diagnosed with Symptomatic AAI will NOT be permitted to compete.

When asking a physician to detail medical / physical conditions affecting strokes, ensure you make him/her aware of the stroke laws, particularly with relationship to breaststroke legs

Coaches ensure that all sections of the Dive Start Form are correctly completed; this is essential for the athlete’s safety. Athletes with incomplete or wrongly completed Dive Start Forms will be required to start from in the water.

Where a Form requires a Registration Number this may be left blank if this is your first Application

NOTE Additional Use of Forms other than for swimmers

Since at Competitions we have Swimmers, Staff, Coaches, Parents and Guardians the DSISO Medical Officer has advised us that, for safety reasons, we need to have information about ALL the members of a team at that competition.

Therefore, some information forms will be requested for completion by all team members for official DSISO Competitions and these will be included in the Application Pack for Competitions.

DECLARATION



Of PHYSIOLOGICAL CONDITIONS

(please print all information and complete in English)



Athlete's Name: _____

Country: _____

Registration No. (If known) _____

Certain physiological conditions may prevent an athlete from performing strokes correctly in accordance with DSISO Rules. This form is to be used to document those conditions, for an assessment by the DSISO Medical and Technical Staff to allow for Exemptions to be authorised from the DSISO Rules. These Exemptions will be subject to review by DSISO Medical and Technical Director during competition.

The form is to be resubmitted not less than every two (2) years for review of the conditions.

DECLARATION The above named athlete has the following physiological conditions which impact on his/her ability to perform swimming and athletics strokes in accordance with the published rules:

(Please provide outline diagnosis of physical impairment/condition, together with an estimate of physical effect on swimming and strokes)

Continue on a separate page if necessary. Please attach details of medical diagnosis/physical conditions for the assessment of the DSISO Medical Officer

DIAGNOSIS: applicable Please attach medical Letter/Evidence
 Down Syndrome 21 Mosaic Down Syndrome

AAI – Atlanto Axial Instability

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 (Generic)	Administration Dose	Route of Administration	Frequency of Administration
Intended Duration of treatment (Please tick appropriate box)		Once only [] Emergency []	
		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 __/__/__

Medical practitioner's and athlete's declaration

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 to the WADA Code.

DOCTOR /CONSULTANT contact information: MAILING ADDRESS

Name		Doctors Surgery Stamp ESSENTIAL
Medical Speciality		
Address City, Post Code, Country		
Phone (inc Country Code)		
Fax		
Signed		
Signed – swimmer		
Signed Parent/Guardian (if under 18)		
Name	Date	

CONFIDENTIAL

Information on the form is covered by the Data Protection Act 1998 (UK)¹

DECLARATION OF MEDICAL CONDITIONS THAT MAY REQUIRE EMERGENCY MEASURES

[please print all information and complete in English]

Athlete's Name Registration No

I understand that DSISO requires me to state any known medical conditions that may compromise my safety in the water. I understand that I must state the current management for my condition[s] **(please print n/a if there are no associated medical conditions)**

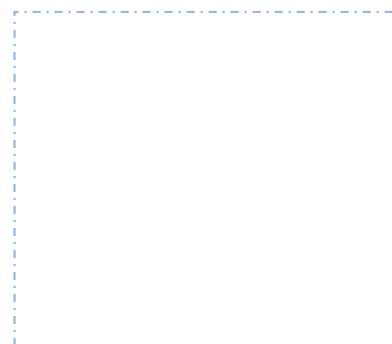
I have the following medical condition(s)

The current management for the above is

I understand that if I fail to state any known medical conditions and if this condition results in having to perform a rescue, I will automatically be deemed ineligible for the competition. I also understand that if a condition becomes evident for the first time during competition and is diagnosed at the time e.g. dehydration, I will still be eligible to compete as long as I observe the recommended management for the condition.

SIGNATURE OF DOCTOR / CONSULTANT _____ Date.....

Name/Surgery Stamp (essential).....



SIGNATURE OF SWIMMER _____

SIGNATURE of PARENT/GUARDIAN/WARD [UNDER AGE 18]:

_____ Name.....DATE _____

This form is to be resubmitted if there are changes to the condition and medication and/or management.

Registration Application Form



NAME:			
Swimmer [] Technical [] Coach [] Carer [] Parent/Guardian/Ward []			
Registration Number (if known)			
<i>General Information Complete the following from your Passport</i>			Attach photo
Surname (Family Name)			
Forename (Given Name)			
Nationality			
Passport Number	Expiry date / /		
Date of Birth dd/mm/yy / /		Sex Male [] Female []	
Diagnosis <input checked="" type="checkbox"/> Down Syndrome 21 [] Mosaic Down Syndrome [] Atlanto Axial Instability [] Symptomatic AAI [] Clear []			
Contact Information MAILING ADDRESS			
Address			
Telephone (inc Country Code)		Fax	
Email			
PARENT/GUARDIAN DETAILS			
Name			
Address			
Telephone		Fax	
Email			
Relationship			
Signature			

Team Managers are responsible for ensuring that they have sufficient medical insurance for travel out side of their country of residence. Please bring proof of insurance with you when travelling.

Prescription medicine should be brought in marked prescription containers

CONFIDENTIAL

CONFIDENTIALITY & DATA PROTECTION STATEMENT

Confidentiality of Information and/or Data Protection Statements

I understand that the information contained in this form will be circulated and processed as necessary by Down Syndrome International Swimming Organisation 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 Down Syndrome International Swimming Organisation (DSISO) within the requirements of the UK Data Protection Act (1998)

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 or Advocate)

Signed: _____ Date: _____

Name: _____ Relationship: _____

Please return complete Form with all associated parts to:

**CEO
DSISO
11 High Beech
Coventry CV5 7QD
U.K.**

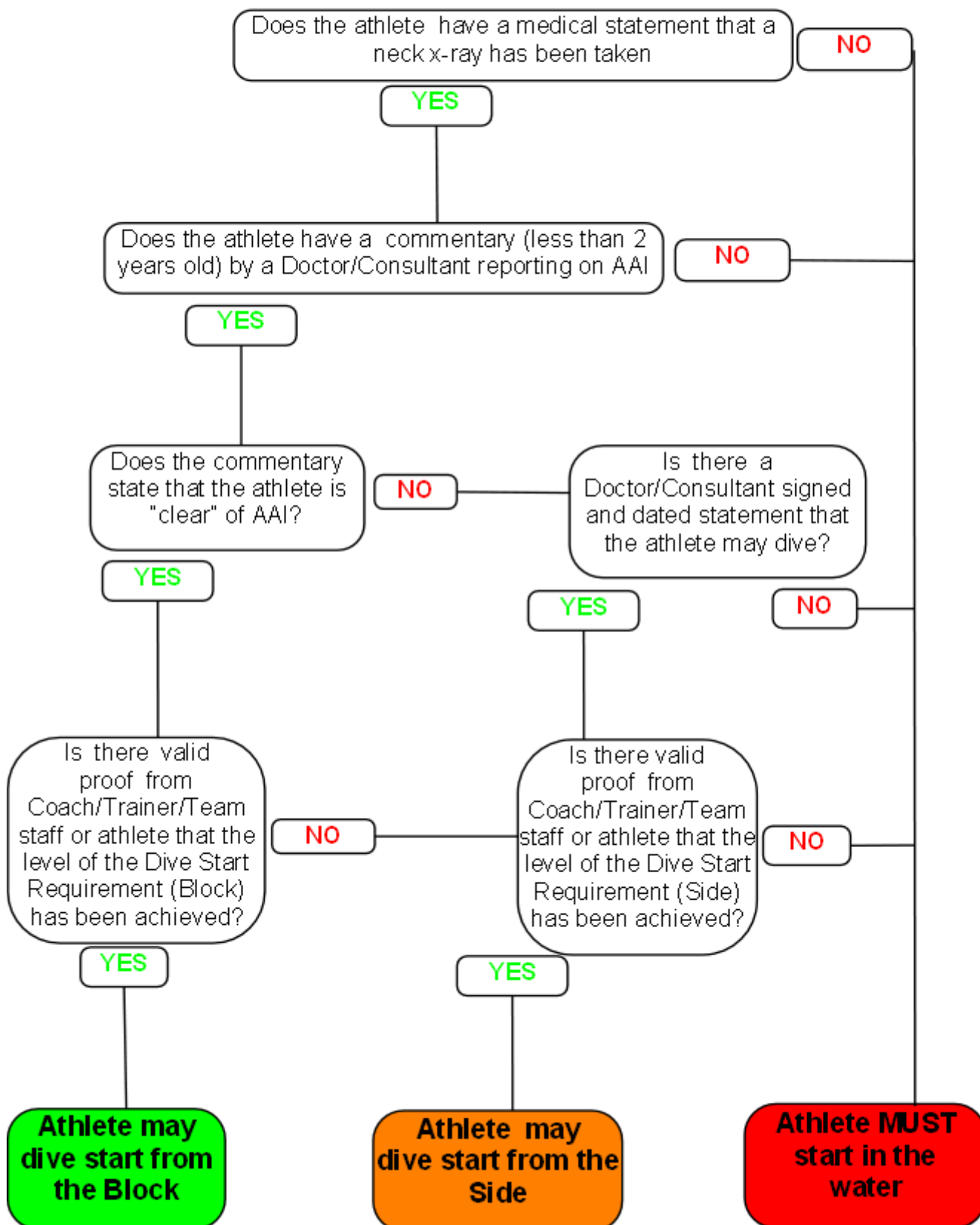
Forms should be sent securely by Registered Post or equivalent.

The sender is strongly advised to keep a copy of all documents

PERMISSION TO DIVE START – DSISO RULES

The following flow chart, together with the associated forms and guidance on ability are to be used by ALL athletes wishing to dive start at DSISO-promoted championships and events.

Failure to provide any of the required documentation, in English, WILL result in the athlete being required to start in the water.



Dive Start Guidelines - Minimum Performance Requirements

These Guidelines have been drawn from those in use by British Swimming to encourage safety when considering the dive start and from Fina Guidelines regarding depth of competition pools. Assessment and validation is to be made by a swimming coach or swimming trainer.

Dive Start Test (Side)

The depth of water is to be as minimum of 0.9m and a maximum of 1.5m, with a maximum freeboard of 0.38m

The athlete is required to demonstrate that he/she is capable of performing the following activities from the Poolside under normal starting conditions in a proficient and safe manner.

1. Perform a shallow dive followed by a glide of at least 5m.
2. Perform a shallow dive followed by a front crawl leg kick to surface
3. Perform a shallow dive followed by a dolphin leg kick to surface
4. Perform a shallow dive followed by one breast stroke arm pull and leg kick to surface
5. Perform a track, grab or wind-up start followed by a glide for 5m

Dive Start Test (Block)

This additional assessment is to ensure that the athlete has confidence in the use of the Block in achieving a dive start.

The depth of water is to be as minimum of 1.35 and a maximum of 2.0m, the height of the Block is to be a minimum of 0.5m and a maximum of 0.75m above the water surface.

In addition to the requirements of the Dive Start Test (Side), the athlete is required to demonstrate that he/she is capable of performing the following activities from the Block under normal starting conditions in a proficient and safe manner.

1. Perform a shallow dive followed by a glide of at least 5m.
2. Perform a track, grab or wind-up start followed by a glide for 5m
3. Perform a dive start followed by a front crawl leg kick to surface
4. Perform a dive start followed by one breast stroke arm pull and leg kick to surface

DIVE START FORM

The purpose of this Form is to record the ability, or otherwise, of a named athlete to safely and proficiently achieve a dive start from either the side or the starting block in competitive swimming Events.

It is the responsibility of the coach/trainer who signs this form to ensure that the named athlete is safe in performing the activities stated in the Dive Start Tests for DSISO. Coaches/trainers are encouraged to read the flow chart in the DSISO Handbook and to acquaint themselves with the requirement for medical approval for athletes **WITHOUT** clearance from AAI prior to commencing dive start training or to undertake the assessment.

This Form is to be completed for all athletes who wish to be permitted to use a dive start in DSISO promoted events.

The Form is to be completed in English

Failure to produce this Form, correctly completed, with an Entry for the International Championships will result in the named athlete being required to start all races in the water.

Athlete's Name DSISO Reg No

Country Club

Pre-Assessment Checklist (refer also to DSISO Flow Chart):

Medical commentary states "Clear of AAI" Yes/No

If NO, does medical commentary give recommendation to allow diving? Yes/No

If AAI Clear and/or medical commentary gives recommendation to permit divingYes/No

Assessment of Dive Start Test (**Side**) ...Pass / Fail....Date of assessment

Signature of coach/trainer

Name of coach /trainer Qualification

Assessment of Dive Start Test (**Block**) ...Pass / Fail....Date of assessment

Signature of coach/trainer

Name of coach /trainer Qualification

Signature of Parent/Carer/Responsible Person

Name Date

For Official Organisation use only: Received (Date)

Approved Technical Delegate (signature).....Date.....

Records annotated Technical Classifications (signature)..... Date