



Members Registration Pack 2013 - 2014

To be completed by all Athletes with Down Syndrome competing in:

Athletics (Track and Field) IAADS
Swimming (Race and Synchro) DSISO
Gymnastics DSIGO
Football & Futsal FIFDS
Judo JUDOWN

NOTE

Some Sports may require addition Information.
Please check with the Sport for this

(May 2012)

Registration Application Form



CONFIDENTIAL

NAME:		SPORT:	
General Information <i>Complete the following from your Passport</i>			
Surname (Family Name)		Attach photo	
First Name (Given Name)			
Nationality			
Passport Number	Expiry date..../..../.....		
Date of Birth dd/mm/yyyy/...../.....		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Diagnosis Down Syndrome Trisome 21 <input type="checkbox"/>		Mosaic Down Syndrome <input type="checkbox"/>	
Atlanto Axial Instability Yes <input type="checkbox"/> No <input type="checkbox"/>		Symptomatic AAI Yes <input type="checkbox"/> No <input type="checkbox"/>	
Contact Information MAILING ADDRESS			
Address			
Tel: (inc Country Code)		Mobile	
Email			
PARENT/GUARDIAN DETAILS			
Name			
Address			
Tel: (inc Country Code)		Mobile	
Email			
Relationship			
Signature			

*Team Managers are responsible for ensuring that they have sufficient medical insurance for travel out of their country of residence. Please take proof of insurance with you when travelling.
Prescription medicine should be in marked prescription containers*

DECLARATION OF PHYSIOLOGICAL CONDITIONS

(Please print all information and complete in English)

Athlete's Name:

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. Has the swimmer have appropriate physical health to participate?

Yes No Restrictions.....

2. Does he/she take any medication? Yes No

In case of Yes, which?

I CONFIRM THE DETAILS ON THIS PAGE ARE CORRECT

Doctor Name:

Date:

Doctor's Surgery Stamp
ESSENTIAL

Substance (Generic)	Administration Dose	Route of Administration	Frequency of Administration

Intended Duration of treatment (Please tick appropriate box)	Once only [<input type="checkbox"/>] Emergency [<input type="checkbox"/>] Duration (week/month)
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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 practitioners' and swimmer'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 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)		
Signed		
Signed – swimmer		
Signed Parent/Guardian (if under 18)		
Name	Date	

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 the Down Syndrome International Sports 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 the Down Syndrome Organisations listed on the Front Page of this Form

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 the Down Syndrome Organisation for the Sport you are first Registering with.:

Papers may also be sent as scanned documents or as .pdf files