

## PART 1: ATHLETE REGISTRATION

This page to be completed by the athlete's representative

<p>Attach/insert 1 passport-size photo here</p> <p>(Please <u>write the athletes name</u> on the back)</p>	<b>Athlete Surname</b>		
	<b>Athlete First Name</b>		
	<b>Region</b>		
	<b>Sport(s) in which the athlete will compete</b>	<b>Athletics</b> <input type="checkbox"/> <b>Swimming</b> <input type="checkbox"/> <b>Table Tennis</b> <input type="checkbox"/>	
<b>Date of Birth</b>	____/____/____ (dd/mm/yyyy)	<b>Male/Female</b>	
<b>Address</b>			
<b>Other Contact Details</b>	<b>Phone (Hm):</b> <b>Mobile:</b> <b>Email:</b>		
<b>Parent/Guardian</b>			
<b>Address</b>			
<b>Other Contact Details (If different from above)</b>	<b>Phone (Hm):</b> <b>Mobile:</b> <b>Email:</b>		

**ATHLETE'S NAME:**

**This page to be completed by the athlete and athlete's representative**

**DECLARATIONS AND PERMISSION TO USE INFORMATION**

All athletes must sign or place their mark. If the athlete is under 18, or if the athlete is without legal competency to sign, the second part should also be signed by the athlete's parent or legal guardian.

**ATHLETE DECLARATION (All Athletes must complete, by ✓ each box and signing below)**

By signing this declaration I am saying that:

- a) I understand the eligibility criteria to compete as an athlete with intellectual impairment.
- b) I give PNZ permission to use information in accordance with the 1988 Data Protection Act
- c) I give PNZ 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, National Sport Organisations.
- d) As far as I know, all the information in my application is true and accurate.
- e) I understand what the information in this form is being used for, or I have had this explained to me.

\_\_\_\_\_  
(Athlete's Signature or identifying mark)

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

**PARENT OR LEGAL GUARDIAN (only if the athlete is under 18 or over 18 and without legal capacity to give consent)**

By signing this declaration I am saying that the athlete named above is less than 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

**PNZ NEWSLETTER**

Subscribe to the PNZ newsletter?

No

Yes

Email address:

**ATHLETE'S NAME:**

Page is to be completed by the Professional/Expert in the area of intellectual impairment.

**PART 2: PRIMARY ELIGIBILITY**

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 as defined by the World Health Organisation. My statement is based on assessment results that show the athlete has: (please ✓ all that apply)

Significant impairment in intellectual functioning (see guidelines for eligibility criteria)

Significant limitations in adaptive behaviour as expressed in conceptual, social, and practical adaptive skills (see guidelines for eligibility criteria)

Intellectual disability evident during the entire developmental period, which is from conception to 18 years of age

Yes	No

**EVIDENCE ATTACHED:**

IQ and Adaptive Behaviour Test (if available)

Medical Information and other evidence attached (please state details)

**PROFESSIONAL ENDORSEMENT**

Name

\_\_\_\_\_ (Last Name or Family Name) (First Name or Given Name)

Signature

Professional Qualifications

Registration Number \_\_\_\_\_

Contact Details

Date

*This page to be completed by PNZ personnel*

### PART 3: ORGANISATIONAL ENDORSEMENT

<b>Secretary General or Representative</b>  ..... <b>Signature</b>  ..... <b>Printed Name</b>	  ..... <b>Position</b>  ..... <b>Date</b>
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### PART 4: ATTACHMENTS/CHECKLIST

Form	(Parts 1-4)	
Evidence	Appropriate evidence of intellectual disability <ul style="list-style-type: none"><li>• IQ Test</li><li>• Adaptive Behaviour test</li><li>• Medical Evidence of Intellectual Impairment before age 18</li></ul>	
Additional	1 photo (with athletes name on the back)	

**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.**

**Please send forms back to the PNZ Classification Manager, Paralympics New Zealand, Suite 2.10, Axis Building, 1 Cleveland Road, Parnell, Auckland 1052 or email [classification@paralympics.org.nz](mailto:classification@paralympics.org.nz)**