

Registration Application Form



(Updated 13 March 2009¹)

¹ As agreed at the Executive Meeting of April 2009 Taipei

Notes on Completion:

This Form must be completed in English

Ensure that you complete ALL sections of each of the following forms.

	FORM REQUIRED	RULES Page	Checked
1	Registration Application Form	52	
2	Declaration Of Physiological Conditions	50	
3	Medical Conditions that may require Emergency Measure	27	
4	Dive Start Form	43	
5	Confirmation of Down 21 or Mosaic Down Syndrome		
6	Complete all appropriate Medical Reports		
7	Atlanto Axial Declaration		
8	Confidentiality and Data Protection Statement	55	
9	Enclose three Passport Photographs		
10	Enclose the Registration Fee		

Athletes who were previously Registered must complete the Form titled “Registration Application” and are required only to submit other Forms where there has been change or where a new Exemption is being requested.

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

On first Application a Chromosome Report is to 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 only required on initial Registration or 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
The current Registration Fee is shown on www.dsiso.org

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.



REGISTRATION APPLICATION FORM

NAME:

Swimmer Technical Coach Carer Parent/Guardian/Ward

Registration No (if known)

General Information Complete the following information from your Passport

Surname (Family Name)

First (Given) Name

Nationality

Passport Number

Expiry Date ___ / ___ / ___

Date of Birth ___ / ___ / ___

Sex Male Female

Photo

Diagnosis

Down Syndrome 21

Mosaic Down Syndrome

Atlanto Axial Instability

Symptomatic AAI

Asymptomatic AAI

Clear

Contact Information: MAILING ADDRESS

Address

Phone (inc Country Code)

Fax

Email

PARENT OR GUARDIAN DETAILS

Name:

Address:

Phone (inc country code)

Fax

E Mail

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