

50th Tri-State Wheelchair & Ambulatory Games

June 27th, 2021

Oak Ridge Park, Clark, New Jersey

SANCTIONED BY

Move United

SPORT EVENTS CONTESTED

Only Track Events

(Electronic Timing)

For more information on the track events, please consult the Adaptive Track & Field USA Official Rule Book found on the website: www.atfusa.org

Sponsored by:

North Jersey Navigators PSC
Tri-State Wheelchair & Ambulatory Association
Union County Parks
Move United
Kessler Foundation
Benjamin Moore



50th Tri-State Wheelchair and Ambulatory Games – June 27, 2021

This is a Move United sanctioned event for athletes in both the Junior and Adult/Open divisions.

MEET DIRECTOR: Jimmy Cuevas - Contact: Tel. 551-655-4176 / Email: jcuevas1969@comcast.net

FEES & REGISTRATION: The fees include registration, online registration service fee, meet sanctioning and qualification for the 2021 Move United Junior National Championships. Online Registration must be completed by **June 10, 2021 at 11:59 PM** to avoid a late fee. A late fee of **\$10.00** will be assessed for each online registration between **June 11 – 16 at 11:59 PM.**

The fees for on-time and late registrations are as follows:

Registration Fees (By June 10)	Registration Fees (Between June 11 - 16)
Juniors - \$25.00	Juniors - \$35.00
Adults/Open - \$25.00	Adults/Open - \$35.00

The Tri-State Games LOC reserves the right to limit or cancel events based on enrollment as of June 10, 2021.

Review the classification and eligible events details on Pages 5-7 and the Simply Register Online Registration instructions on Page 11 prior to start the online registration.

ONLINE REGISTRATION FORM: <https://www.simplyregister.net/register/?e=119776>

Online Registration will end on Wednesday, June 16, 2021

Registration will NOT be available at the games.

Transportation

Transportation will **NOT** be provided. Athletes and coaches are responsible for their transportation.

CLASSIFICATION:

Athletes with Physical Impairments

Important: National classification for athletes with physical impairments will **NOT** be available. Athletes that have never been Nationally classified will be given a provisional classification to compete at the Tri-State Wheelchair & Ambulatory Games. Please contact Jimmy Cuevas at jcuevas1969@comcast.net if you have a physical impairment and don't have a National classification.

Athletes with Visual Impairments

All athletes with a visual impairment that have not been classified must submit the **National Visual Impairment Medical Diagnostics Form (MDF)** along with supporting documentation related to the diagnosed eye condition as outlined on the medical diagnosis form at least **four weeks prior to competition** to the USOPC Classification Manager at npcusaclassification@usopc.org to receive their national classification. This form must be completed by athlete's ophthalmologist. The **National Visual Impairment Medical Diagnostics Form (MDF)** can be found at the end of this document.

Athletes with Intellectual Impairments

Athletes with an intellectual impairment competing in track at the Tri-State Wheelchair and Ambulatory Games must contact Athletes Without Limits <http://www.athleteswithoutlimits.org/eligibility> to apply for eligibility to obtain their national classification. The **Athlete Without Limits – Athlete Eligibility Application – National Level** can be found at the end of this document.

Tri-State Wheelchair & Ambulatory Games – Schedule of Events

Athletes must be checked in by the start of the competition or he/she will not be able to compete.

<u>Date</u>	<u>Time</u>	<u>Event</u>	<u>Location</u>
<u>Sunday, June 27</u>			
	7:15 am - 8:45 am	Athlete Check-in	Oak Ridge Park Track
	7:15 am - 7:50 am	Track Warm-up	Oak Ridge Park Track
	8:00 am - 4:30 pm	Track Competition: Juniors/Adults	Oak Ridge Park Track

Junior Athlete Track Events - Classes 11-13, 20, 40-47, 51-57, 61-64

Track Events - Classes 11-13, 20, 40-47, 51-54, 61-64																																			
Class	Class 11-13					Class 20					Class 40					Class 41					Class 42					Class 43					Class 44-47				
Age Division	U11	U14	U17	U20	U23	U11	U14	U17	U20	U23	U11	U14	U17	U20	U23	U11	U14	U17	U20	U23	U11	U14	U17	U20	U23	U11	U14	U17	U20	U23	U11	U14	U17	U20	U23
20 Meter																																			
60 Meter																																			
100 Meter																																			
200 Meter																																			
400 Meter																																			
800 Meter																																			
1500 Meter																																			
3000 Meter																																			
5000 Meter **																																			
Class	Class 51, 52					Class 53					Class 54					Class 61					Class 62					Class 63					Class 64				
Age Division	U11	U14	U16	U20	U23	U11	U14	U16	U20	U23	U11	U14	U16	U20	U23	U11	U14	U16	U20	U23	U11	U14	U16	U20	U23	U11	U14	U16	U20	U23	U11	U14	U16	U20	U23
60 Meter			51																																
100 Meter																																			
200 Meter																																			
400 Meter	52																																		
800 Meter		52																																	
1500 Meter		52																																	
3000 Meter		52																																	
5000 Meter **																																			

** 5000 Meter Minimum Time Standards for Males: 11-13, 20, 43-46, 62, 64 (25:00); 51-54 (15:50)

** 5000 Meter Minimum Time Standards for Females: 11-13, 20, 43-46, 62, 64 (27:00); 51-54 (20:00)

Junior Athlete Track Events - Classes 31-38

Track Events - Classes 31-38																									
Class	Class 31 *					Class 32 *					Class 33					Class 34					Class 35a				
Age Division	U11	U14	U17	U20	U23	U11	U14	U17	U20	U23	U11	U14	U17	U20	U23	U11	U14	U17	U20	U23	U11	U14	U17	U20	U23
20 Meter Dash																									
60 Meter Dash																									
100 Meter																									
200 Meter																									
400 Meter																									
800 Meter																									
1500 Meter																									
5000 Meter **																									
Class	Class 35					Class 36					Class 37					Class 38									
Age Division	U11	U14	U17	U20	U23	U11	U14	U17	U20	U23	U11	U14	U17	U20	U23	U11	U14	U17	U20	U23					
20 Meter Dash																									
60 Meter Dash																									
100 Meter																									
200 Meter																									
400 Meter																									
800 Meter																									
1500 Meter																									
5000 Meter **																									

* Classes 31 - 32 are for Frame Running events (a.k.a. Race Running)

** 5000 Meter Minimum Time Standards for Males: 33-34 (15:50); 35-38 (25:00)

** 5000 Meter Minimum Time Standards for Females: 33-34 (20:00); 35-38 (27:00)

Adult Athlete Track Events

Track Events																	
Class	11-13	20	31*	32*	33	34	36	37	38	40-41	42	43-47	51-54	61	62	63	64
100 Meter																	
200 Meter																	
400 Meter																	
800 Meter																	
1500 Meter																	
5000 Meter **																	

* Classes 31 - 32 are for Frame Running events (a.k.a. Race Running)

** 5000 Meter Minimum Time Standards for Males: 11-13, 20, 35-38, 43-47, 62, 64 (25:00); 33-34, 51-54 (15:50)

** 5000 Meter Minimum Time Standards for Females: 11-13, 20, 35-38, 43-47, 62, 64 (27:00); 33-34, 51-54 (20:00)

50th Tri-State Wheelchair and Ambulatory Games – June 27, 2021

Junior Track Relay Team Application

TEAM NAME: _____ **COACH:** _____

Athletes must run in the order listed below

ATHLETE NAME	CLASS	AGE DIVISION	GENDER	POINTS
			<input type="checkbox"/> Male <input type="checkbox"/> Female	
			<input type="checkbox"/> Male <input type="checkbox"/> Female	
			<input type="checkbox"/> Male <input type="checkbox"/> Female	
			<input type="checkbox"/> Male <input type="checkbox"/> Female	
			TOTAL POINTS	

EVENT: * ☐ Male ☐ Female ☐ Mixed ☐ Wheelchair ☐ Ambulatory

4 X 100: Points: ☐ 10 ☐ 20 ☐ 30

4 X 400: Points: ☐ 30 ☐ 40

800 Medley: Points: ☐ 30 ☐ 40 ☐ 50

There will be three types of relay teams; *all male, all female and mixed*. Points will be assigned to each team member in accordance with the following table(s):

I. WHEELCHAIR CLASSES

Age Division	Classes T31/32, T51/52	Classes T34, T53	Class T 54
U11	1	2	3
U14	2	4	6
U17	3	6	9
U20/U23	4	8	12

4 x100: 10 - 20 - 30 Point Teams

800 Medley: 100 + 100 + 200 + 400: 30 - 40 Point Teams

II. AMBULATORY CLASSES

Age Division	Class T35	Classes T36, T41/42, T61/63	Classes T11, T37/38, T43/44, T62/64	Classes T12/13, T20, T45/46
U11	1	2	3	4
U14	2	4	6	8
U17	3	6	9	12
U20/U23	4	8	12	16

4 x100: 10 – 20 – 30 – 40 – 50 Point Teams

800 Medley: 100 + 100 + 200 + 400: 30 – 40 – 50 Point Teams

**Competitors may enter no more than any two (2) relays. They must be different relay races (male, female, mixed, 4 x 100 or 800 medley) or point value.*

50th Tri-State Wheelchair and Ambulatory Games – June 27, 2021

Directions to Oak Ridge Park Track from the Garden State Parkway

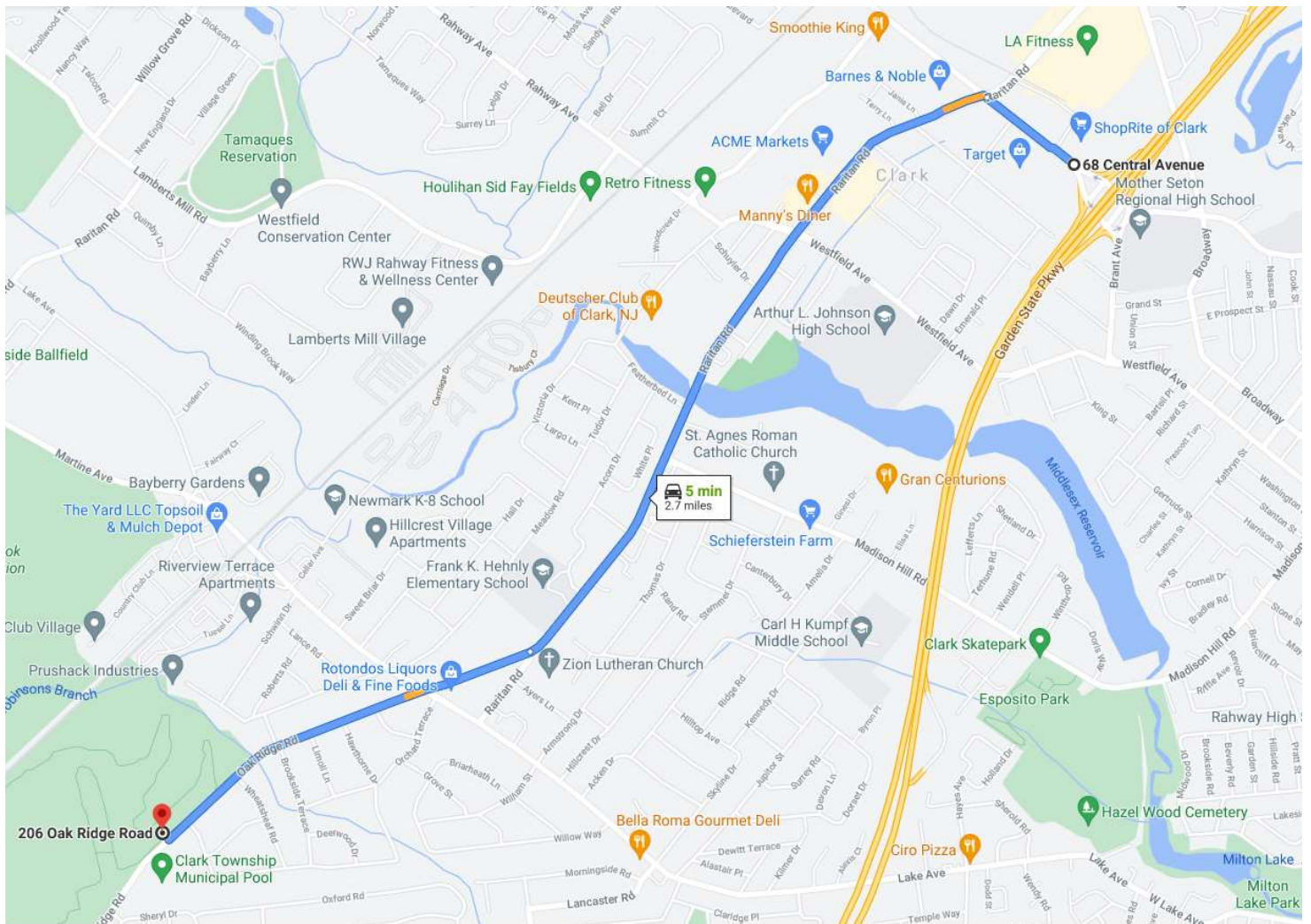
GPS Address: 206 Oak Ridge Rd, Clark, NJ 07066

From Garden State Parkway North

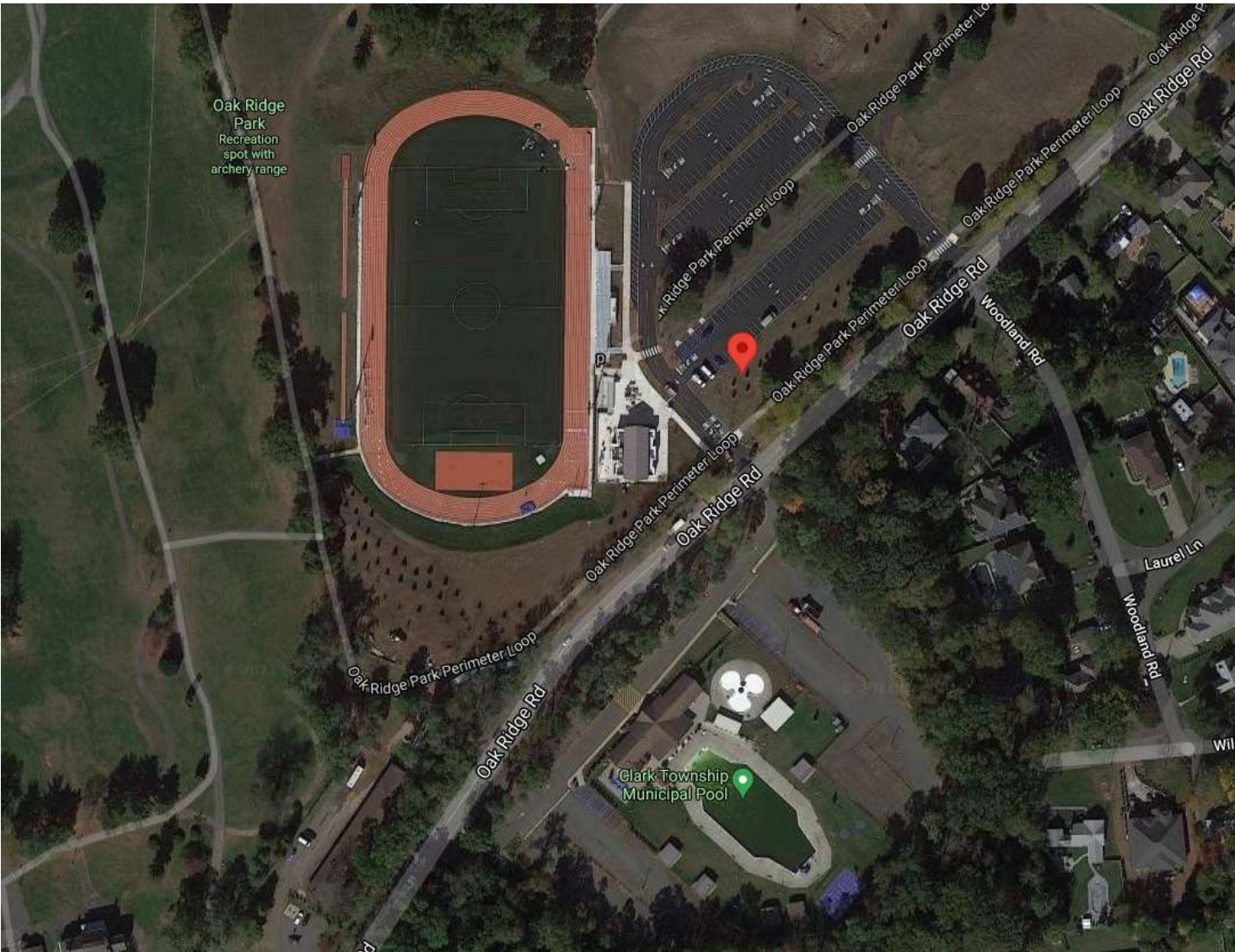
- Take exit 135 toward Westfield
- Use the left 2 lanes to turn left onto Central Avenue
- Use the left two lanes to turn left onto Raritan Road and continue for approximately 1.6 miles
- Continue onto Oak Ridge Road for approximately 1 mile and the Oak Ridge Park Track will be on the right

From Garden State Parkway South

- Take exit 135 toward Westfield
- Merge onto Central Avenue
- Use the left two lanes to turn left onto Raritan Road and continue for approximately 1.6 miles
- Continue onto Oak Ridge Road for approximately 1 mile and the Oak Ridge Park Track will be on the right



50th Tri-State Wheelchair and Ambulatory Games – June 27, 2021



Simply Register Online Registration Instructions

1. Click on the url link <https://www.simplyregister.net/register/?e=119776> or copy and paste the url into your Internet web browser. Complete Registrant's Information for the athlete and click Next.

Tri-State Wheelchair & Ambulatory Games

New Registration Manage My Registration

Registrant Events Add-Ons Review Checkout Receipt

Registrant's Information

First Name Initial Last Name Suffix
Joe Doe

Address Apt./Line 2 Country City State Postal Code
123 ABC Street #1 USA Jersey City NJ 07305

Phone E-mail
201-123-1234 joedoe@comcast.net

Sex Date of Birth Citizenship
male 07/17/2000 USA

Affiliation / Team Name
Team ABC

Enter your team or Independent if you don't belong to a team

Click Next

Next

2. Select your competition events.

Important: If you are a novice athlete or if you don't have a National Classification, select "Need Classification" from the Classification menu options for each of the events you are registering for.

Tri-State Wheelchair & Ambulatory Games

New Registration Manage My Registration

Registrant Events Add-Ons Review Checkout Receipt

Event	Price
<input checked="" type="checkbox"/> Fee per person	\$25.00
<input type="checkbox"/> Track - 60 Meters (Sunday)	--
<input type="checkbox"/> Track - 100 Meters (Sunday)	--
<input type="checkbox"/> Track - 200 Meters (Sunday)	--
<input type="checkbox"/> Track - 400 Meters (Sunday)	--
<input type="checkbox"/> Track - 800 Meters (Sunday)	--
<input type="checkbox"/> Track - 1500 Meters (Sunday)	--
<input type="checkbox"/> Track - 5000 Meters - Open (Sunday)	--

Back Next

50th Tri-State Wheelchair and Ambulatory Games – June 27, 2021

3. For Track select the events you will be competing. Select your classification for each track event.

Tri-State Wheelchair & Ambulatory Games | New Registration | Manage My Registration

Registrant > **Events** > Add-Ons > Review > Checkout > Receipt

Event	Price
<input checked="" type="checkbox"/> Fee per person	\$25.00
<input type="checkbox"/> Track - 60 Meters (Sunday)	--
<input checked="" type="checkbox"/> Track - 100 Meters (Sunday)	--
Division: U20	
Classification: T54	
<input checked="" type="checkbox"/> Track - 200 Meters (Sunday)	--
Division: U20	
Classification: T54	
<input type="checkbox"/> Track - 400 Meters (Sunday)	--
<input type="checkbox"/> Track - 800 Meters (Sunday)	--

Back Next

Callouts:

- Select your events for Track competition (points to Track - 100 Meters and Track - 200 Meters)
- Select your track classification (points to T54 for 100 Meters and 200 Meters)

4. Complete the Questions section.

Note: The classification question applies to novice athletes competing for the first time or athletes without a National Classification.

Tri-State Wheelchair & Ambulatory Games | New Registration | Manage My Registration

Registrant > Events > **Add-Ons** > Review > Checkout > Receipt

Questions

* = required

IPC License Number/SDMS: 11111

What is your disability? *: Spina Bifida

If other, enter your disability:

Do you require classification? *: Yes

If yes, are you an ambulatory or wheelchair athlete?: ambulatory

If yes, what is your current classification for Track?: T54

Back Next

Callouts:

- If you have an International Classification provide your IPC License Number/SDMS (points to 11111)
- Select your disability (points to Spina Bifida)
- Specify if you need a National Classification (points to Do you require classification? *: Yes)
- Select if you are an ambulatory or wheelchair athlete (points to If yes, are you an ambulatory or wheelchair athlete?: ambulatory)
- Select your classification if you need classification (points to If yes, what is your current classification for Track?: T54)

50th Tri-State Wheelchair and Ambulatory Games – June 27, 2021

- Review the registration information. Check the box next to each waiver to indicate you have read, understand and accept the terms. Scroll down to continue reviewing the registration.

Tri-State Wheelchair & Ambulatory Games

New Registration Manage My Registration

Registrant Events Add-Ons **Review** Checkout Receipt

Here's the information you've entered so far. If you want to change any of it, click the Edit button beside that section.

Check the box next to each waiver section to indicate that you've read, understand, and accept the terms.

Registrant **EDIT**

Name: Joe Doe
Address: 123 ABC Street, #1
 Jersey City, NJ 07305 USA
Phone: 201-123-1234
E-mail: joedoe@comcast.net
Sex: male
Date of Birth: July 17, 2000
Citizenship: USA
Affiliation: Team ABC

Registration For

Name: Tri-State Wheelchair & Ambulatory Games

Back

Waivers

☒ **Release of Liability ***

In consideration of acceptance of this entry form, I hereby for ourselves, our heirs administrators assigns, waive and release any and all claims against Adaptive Sports USA, Tri-State Wheelchair Association, Kessler Foundation, North Jersey State High School, Pascack Valley Regional High School District and any co-sponsoring entities, all of their officers, directors, members, officials, volunteers, agents, employees for all injuries and/or expenses incurred by us at the Tri-State Wheelchair and Ambulatory Games.

Click the Edit Button if you need to change any of the Registrant information entered at the beginning of the registration

Release of Liability Check Box

Tri-State Wheelchair & Ambulatory Games

New Registration Manage My Registration

Registrant Events **Add-Ons** **Review** Checkout Receipt

Events **EDIT**

Registered: Fee per person

Division: Cadet
 - Classification: W1
 - Bow Type: Recurve
 - Bowstand: no
 Powerlifting - Powerlift Press
 - Your weight (in lbs.): 110
 Track - 100 Meters (Saturday)
 - Time/mark: 17.55
 - Classification: T53
 Track - 100 Meters (Sunday)
 - Division: U18
 - Classification: T53
 Field - Shot Put
 - Division: U18
 - Classification: F55
 Field - Discus
 - Division: U18
 - Classification: F55

Back

tion, Kessler Foundation, North Jersey State High School, Pascack Valley Regional High School District and any co-sponsoring entities (websites) and social networking sites (i.e. Twitter, Facebook).

☒ **Registration Services ***

Registration services are being provided by SimplyRegister, Inc. By checking this box, I agree that I have read SimplyRegister's Privacy Policy in its entirety and that I understand and agree to all of the provisions contained therein.

☒ **Cancellation and Refund Policy ***

No online refunds are available for this event. Please contact the event organizer with questions or for more information (including inclement weather policies).

Privacy Policy

The event for which you are registering is using SimplyRegister to handle its registrations. Please read our Privacy Policy.

Add another registrant **Checkout**

Click the Edit Button if you need to modify any of the events you registered for

Registration Services Check Box

Cancellation and Refund Policy Check

50th Tri-State Wheelchair and Ambulatory Games – June 27, 2021

6. Scroll down to continue to reviewing the registration information.

Tri-State Wheelchair & Ambulatory Games New Registration Manage My Registration

Registrant > **Events** > **Add-Ons** > **Review** > Checkout > Receipt

Add-Ons EDIT

Questions: Competing as: C - Disabled
Athlete License No./SDMS: 11581
NAUSA / Adaptive Sports USA
Number (U7-U23): 24449
What is your disability?: Spina Bifida
If other, enter your disability:
Do you require classification?: yes
If yes, enter the sport(s) for which you need classification (i.e.: Track, Field, and/or Archery): Track and Field
USATF Number:
Alternate phone number: 201-123-4567
Please specify if you have any food allergies or dietary restrictions: Peanuts and Lactose

Delivery Policy
The confirmation screen and/or e-mail confirmation you receive will serve as proof of your registration. If you purchased any add-on items or if anything extra is included as part of your registration, those items will be available/delivered as specified by the event organizer. Please contact the event organizer with questions or for more information.

Customer Service
For questions about this event and/or registration, contact Jimmy Cuevas at jcuevas@cast.net or 201-435-1688, or visit [the site](http://the.site).

Back Add another registrant Checkout

Click the Edit Button if you need to change any of the answered questions

Click "Add another registrant" if you are registering more than one athlete, otherwise, click "Checkout"

7. If registering another athlete enter the registrant's information and repeat Steps 2-6 above. If not registering another athlete then continue with Step below.

Tri-State Wheelchair & Ambulatory Games New Registration Manage My Registration

Registrant > Events > Add-Ons > Review > **Checkout (1)** > Receipt

Registrant's Information

First Name Initial Last Name Suffix

Address Apt./Line 2 Country City State Postal Code

Phone E-mail

Sex Date of Birth Citizenship

Affiliation / Team Name

Next

50th Tri-State Wheelchair and Ambulatory Games – June 27, 2021

8. If registering another athlete click “Add a new registrant” and repeat the steps to register another athlete. Otherwise, click “Checkout”.

Tri-State Wheelchair & Ambulatory Games

New Registration Manage My Registration

Registrant > Events > Add-Ons > Review > **Checkout** > Receipt

Listing of Registrants

Click on a name to update that person's registration; or click the Checkout button to go to checkout. Registrations in **bold** have not been saved yet

- >> **Joe Doe**
- >> **Joe Doe**
- >> [Add a new registrant](#)

Click “Add a new registrant” link if you are registering another athlete, otherwise, click “Checkout”

Click “Checkout” if you are not registering another athlete

Checkout →

9. Enter the payment information and check the box to authorize SimplyRegister to collect the payment. Enter the email address for the payment confirmation and the registration confirmation & receipt. Click Finish.

Tri-State Wheelchair & Ambulatory Games

New Registration Manage My Registration

Registrant > Events > Add-Ons > Review > **Checkout** > Receipt

Payment Information

Amount: \$65.00 (USD)

Tender: credit card ▼

Card type: Visa ▼

Card number: 123456789

Expiration: 1 - Jan ▼ 2029 ▼

Security code: ***

Cardholder: Joe Doe

Address: 123 ABC Street

Country: USA ▼

Postal Code: 07305

☒ I authorize SimplyRegister, Inc. to charge and collect payment for the amount shown above.

E-mail for Payment Confirmation:

joedoe@gmail.com

(If this option is used, the registrant also will receive an e-mail confirmation, but without

Summary of Fees for this Transaction

Events	Price Ea.	Qty.	Total
Fee per person	\$65.00	1	\$65.00
Archery	\$0.00	1	\$0.00
Track - 100 Meters (Sunday)	\$0.00	1	\$0.00
Track - 200 Meters (Sunday)	\$0.00	1	\$0.00
Track - 400 Meters (Sunday)	\$0.00	1	\$0.00
Total:			\$65.00

VISA MasterCard DISCOVER American Express JCB UnionPay

Payment Authorization Check Box

<https://www.simplyregister.net>

Your payment information is secured using industry-standard encryption across the entire transaction.

Enter email address for payment confirmation

Click Finish

Back Finish and Pay

50th Tri-State Wheelchair and Ambulatory Games – June 27, 2021

10. Registration Confirmation & Receipt

Tri-State Wheelchair & Ambulatory Games
New Registration
Manage My Registration

Registrant
Events
Add-Ons
Review
Checkout
Receipt

Registration Confirmation & Receipt

[Print this page](#) for your records.

Payment Details

Transaction ID: 79840607
Date: 3/16/2016 9:32:45 PM US Mountain Standard Time
Type: Purchase
Amount: \$50.00 (USD)
Card: Visa ending in 6789
Merchant: SimplyRegister, Inc.
412 W. State Road 234, Jamestown, IN 46147 USA
www.simplyregister.net
Note: This transaction may appear on your account statement as "SR-Desert Challenge Games"

FEEDBACK

Please rate the registration process:

☐ excellent
☐ very good
☐ good
☐ fair
☐ poor

[Submit](#)

Comments? [Tell us](#)

Summary of Fees for this Transaction

	Price Ea.	Fee Ea.	Subtotal	Qty.	Total
Events					

Tri-State Wheelchair & Ambulatory Games
New Registration
Manage My Registration

Registrant
Events
Add-Ons
Review
Checkout
Receipt

Fee per person	\$46.50	\$3.50	\$50.00	1	\$50.00
Archery	\$0.00	--	\$0.00	1	\$0.00
Powerlifting - Powerlift Press	\$0.00	--	\$0.00	1	\$0.00
Track - 100 Meters (Saturday)	\$0.00	--	\$0.00	1	\$0.00
Track - 100 Meters (Sunday)	\$0.00	--	\$0.00	1	\$0.00
Field - Shot Put	\$0.00	--	\$0.00	1	\$0.00
Field - Discus	\$0.00	--	\$0.00	1	\$0.00
			Total:		\$50.00

Registration For

Name: Tri-State Wheelchair & Ambulatory Games
Location: Pascack Valley High School - Hillsdale, NJ, USA
Date: 5/27/2016 - 5/29/2016

Other Information



**U.S. PARALYMPICS
CONSENT FORM FOR VISUAL IMPAIRMENT CLASSIFICATION**

Explanation:

For an athlete to be eligible to compete in U.S. Paralympics competitions the athlete must be classified by classifiers appointed by the NPC (National Paralympic Committee) or the IPC (International Paralympic Committee) / Sport IF (International Federation).

Failure to cooperate with the classifiers or failure to complete a classification may lead to ineligibility to compete in U.S. Paralympics or IPC/IF approved/sanctioned competition.

The following is an agreement by the athlete to undergo the testing procedure.

I _____ (**printed name of the athlete**) wish to be classified on national level for U.S. Paralympics competition.

I understand that the classification process involves the necessary eye tests. I understand that to be classified I must be willing to take part in all portions of the testing procedure and cooperate fully with the classifiers / optometrist / ophthalmologist.

Signature of Athlete: _____

Witness Signature: _____

Must be parent/guardian if athlete is under age 18

Date and Location: _____

Send completed forms to USOPC Classification Manager at NPCUSAcclassification@usopc.org
or by fax at 719-866-2029.

Medical Diagnostics Form for athletes with Vision Impairment

The form is to be completed in English and by a registered ophthalmologist.

All medical documentation required on pages 2-3 needs to be attached.

The form and the attached medical documentation may not be older than 12 months at the time of the Athlete Evaluation.

Athlete Information

Last name: _____

First name: _____

Gender: Female ☐ Male ☐ Date of Birth: _____

Sport: _____ IF registration ID

NPC/NF: _____ (if applicable): _____

Medical Information

Diagnosis:

--

Medical history:

Age of onset: _____

Anticipated future procedure(s): _____

Athlete wears ☐ yes ☐ no Correction: Right: _____

glasses: Left: _____

Athlete wears ☐ yes ☐ no Correction: Right: _____

contact lenses: Left: _____

Athlete wears eye ☐ right ☐ left

prosthesis:

Medication:

Eye medications used by the athlete:	
Ocular drug allergies:	

Athlete: _____

Assessment of visual acuity and visual field

Visual Acuity

	Right eye	Left eye
With correction		
Without Correction		

Type of correction: _____

Measurement Method: _____

Visual Field:

In degrees (diameter)	Right eye	Left eye

Attachments to the Medical Diagnostic Form

1. Visual field test

For all athletes with a restricted visual field a visual field test must be attached to this form.

The athlete's visual field must be tested by full-field test (120 degrees) and a 30 degrees, 24 degrees or 10 degrees central field test, depending on the pathology.

One of the following perimeters should be used for the assessment: Goldmann Perimetry (Intensity III/4), Humphrey Field Analyzer or Octopus (Interzeag).

2. Additional medical documentation (mandatory)

Please specify which eye condition the athlete is affected by.

Eye condition	Additional medical documentation <u>required</u> (see below)
<input type="checkbox"/> Anterior disease	none
<input type="checkbox"/> Macular disease	<ul style="list-style-type: none">▪ Macular OCT▪ Multifocal and/or pattern ERG*▪ VEP*▪ Pattern appearance VEP*
<input type="checkbox"/> Peripheral retina disease	<ul style="list-style-type: none">▪ Full field ERG*▪ Pattern ERG*
<input type="checkbox"/> Optic Nerve disease	<ul style="list-style-type: none">▪ OCT▪ Pattern ERG*▪ Pattern VEP*▪ Pattern appearance VEP*
<input type="checkbox"/> Cortical / Neurological disease	<ul style="list-style-type: none">▪ Pattern VEP*▪ Pattern ERG*▪ Pattern appearance VEP*

Athlete: _____

The ocular signs must correspond to the diagnosis and degree of vision loss. If eye condition is obvious and visible and explains the loss of vision, no additional medical documentation is required. Otherwise the additional medical documentation indicated in the above table must be attached to this form. If the medical documentation is incomplete, the classifiers will not be able to allocate a sport class.

***Notes on electrophysiological assessments (VEPs and ERGs):**

Where there is discrepancy or a possible discrepancy between the degree of visual loss, and the visible evidence of ocular disease the use of visual electrophysiology is often helpful in demonstrating the degree of impairment.

Submitted data should include the report from the laboratory performing the tests, copies of the original data, the normative data range for that laboratory, and a statement specifying of the equipment used, and its calibration status. The tests should be performed as a minimum to the standards laid down by the International Society for Electrophysiology of Vision (ISCEV) (<http://www.iscev.org/standards/>).

A Full Field Electroretinogram (ERG) tests the function of the whole retina in response to brief flashes of light, and can separate function from either the rod or cone mediated systems. It does not however give any indication of macular function.

- A Pattern ERG tests the central retinal function, driven by the macular cones but largely originating in the retinal ganglion cells.
- A Multifocal ERG tests the central area (approx. 50 degrees diameter) and produces a topographical representation of central retinal activity.

A Visual evoked cortical potential (VEP) records the signal from produced in the primary visual cortex, (V1), in response to either a pattern stimulus or pulse of light. An absent or abnormal VEP is not in itself evidence of specific optic nerve or visual cortex problems unless normal central retinal function has been demonstrated.

- A Pattern appearance VEP is specialised version of the VEP used to establish visual threshold which can be used to objectively demonstrate visual ability to the level of the primary visual cortex.

<input type="checkbox"/> I confirm that the above information is accurate.	
<input type="checkbox"/> I certify that there is no contra-indication for this athlete to compete at competitive level.	
Name: _____	
Medical Specialty: _____	
Registration Number: _____	
Address: _____	
City: _____	Country: _____
Phone: _____	E-mail: _____
Date: _____	Signature: _____



ATHLETESWITHOUTLIMITS



ATHLETE ELIGIBILITY APPLICATION (FOR US ATHLETES WITH INTELLECTUAL IMPAIRMENT)

NATIONAL LEVEL APPLICATION

Who should Apply for National Eligibility?

Athletes with an intellectual impairment looking to compete at a) Athletes Without Limits national events
b) Developmental U.S. Paralympic sanctioned events open to athletes with “National Classification” and
c) Other US organizations who choose to follow Athletes Without Limits/Virtus eligibility guidelines.

Note: Athletes who have qualified for Athletes Without Limits National Teams competing at Virtus Global Games or World Championships should instead apply for International Level Eligibility.

Athletes who have met a Paralympic Emerging Team Time or Standard in Swimming, Table Tennis or Track & Field should instead apply for International Level Eligibility.

How long does eligibility take?

National eligibility takes approximately 1-2 weeks (or faster) depending on the information provided as evidence. Eligible athletes will be notified by email and added to [Athlete Without Limits US Master List](#). National eligibility does not expire—you only have to apply once.

National Application Checklist:

1. Complete the 4-page Athlete Application attached.

2. Provide National Level Evidence of Disability which includes the following - send full reports:

All athletes should provide latest or most thorough IQ and Adaptive Behavior Assessments/Scores.

All athletes should provide latest school IEP.

Athletes with Autism should also provide diagnostic reports /rating scales (ADOS, ASRS, DSM-V)

Athletes with Down syndrome should also provide blood test or Dr.'s statement confirming type (Trisomy21, Mosaic, etc.) and AAI x-ray with Dr's statement of clearance for participation in sport.

3. Provide a digital headshot of the athlete.

4. Application Fee \$50 (we will invoice you by email when your application is received.)

Where do I submit the application?

The application and supporting items should be emailed to info@athleteswithoutlimits.org

In some cases athletes may be working with their coach to complete eligibility, in which case you may be asked to email this information to your coach instead.

This application and more detailed information is available at: www.athleteswithoutlimits.org/eligibility



ATHLETESWITHOUTLIMITS



ATHLETE ELIGIBILITY APPLICATION FORM

(USA NATIONAL VERSION FEB 2020)

ATHLETE DETAILS - This page to be completed by the athlete's representative

Please email a digital headshot of the athlete when you email your application and evidence of disability.

Event for which athlete needs eligibility:

Event Date:

Athletes full Last Name
(as stated on passport/ ID)

Athletes full First Name
(as stated on passport/ ID)

Nationality:
(as stated on passport/ID)

Date of Birth: *e.g. January 1, 2000*

Gender: Female Male

Team Name:

Athlete Address:

Phone Number:

Email Address:

If the athlete is under 18 years of age, or without legal competency to sign:

Parent/Guardian Name:

Relationship:

Parent/Guardian Address:

Phone Number:

Email Address:

Eligibility Level:

US National Level **\$50 One-Time Application Fee**
International Level \$150 One-Time Application Fee

Eligibility Group:
(Leave blank if unsure)

II1 Intellectual Disability (IQ 75 or below)
II2 Significant Impairment: Trisomy21/Translocation Down Syndrome
II3 Autism+ (IQ 76 or higher and/or does not meet II1 Criteria for ID)

Sport(s) in which the athlete will compete:

1
2

Please email application and supporting attachments to: info@athleteswithoutlimits.org

ATHLETES NAME:

DECLARATIONS & PERMISSIONS - This page to be completed by the athlete & athlete's representative

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

PRIVACY: As a nonprofit advocating for athletes with intellectual impairment privacy is a top priority. Eligibility applications are reviewed by AWL Eligibility Staff which includes licensed psychologists trained in sport eligibility. Private medical information is not shared with other staff, volunteers or coaches without permission and best practices in data protection and security are practiced in accordance with our privacy policy at: www.athleteswithoutlimits.org/about/privacy. Similarly applications submitted to Virtus: World Intellectual Impairment Sport for endorsement are subject to the Virtus Data & Information Handling policy at: www.virtus.sport/privacy-policy.

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

By signing this declaration I am saying that:

- a) I understand and comply with the eligibility criteria to compete as an athlete with intellectual impairment. ☐
- b) I confirm that I shall comply with all Virtus policies and procedures including, but not limited to all of the provisions of the Anti-Doping Policy, all amendments to the Anti-Doping Rules and all International Standards as issued by the World Anti-Doping Agency and permanently published on its website. I acknowledge that National Federations, Virtus and National Anti-Doping Organisations have jurisdiction to impose sanctions as provided in the Anti-Doping Rules. ☐
- c) I give AWL & Virtus permission to hold information electronically and to use information in accordance with their Privacy Policy. I agree that in order to maintain the principles of fair eligibility and classification, Virtus may retain relevant and essential information indefinitely. ☐
- d) I understand and agree to uphold the principles of the Virtus Code of Ethics and the spirit of fair play. ☐
- e) I agree to AWL & Virtus using photographs and images of me for the purposes of publicity in print, electronic and other media, and can withdraw this consent at any time by writing to the Secretariat. ☐
- f) I agree that data I have provided can be used for research purposes, as set out under the Virtus research code, and this data will not identify me individually and be managed under the Virtus Privacy Policy. ☐
- g) I give Virtus 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, the IPC and International Federations. ☐
- h) I understand the risks associated with competition and that I am responsible for my actions at all times. ☐
- i) As far as I know, all the information in my application is true and accurate. ☐
- j) I understand what the information in this form is being used for or have had this explained to me. ☐

(Athlete signature or identifying mark)

(Date)

PARENT OR LEGAL GUARDIAN (if the athlete is Under 18, or without legal capacity to give consent)

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

Please email application and supporting attachments to: info@athleteswithoutlimits.org

ATHLETES NAME:

ATLANTOAXIAL INSTABILITY (AAI) - This page to be completed by the athlete's physician

IMPORTANT:
THIS PAGE IS ONLY REQUIRED FOR ATHLETES
WITH DOWN SYNDROME (ANY TYPE)

For US National Level eligibility you may attach a copy of the athlete's AAI x-ray report and/or most recent signed doctor's statements you already have that show the athlete is AAI Clear or AAI Asymptomatic and cleared to compete. You can then submit your application to AWL for review (and have your physician sign this page at your next visit.)

To be completed by a qualified medical practitioner. Please place a ✓ in the appropriate box :

	example	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Does the athlete have a known diagnosis of symptomatic AAI?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the person show evidence of progressive Myopathy?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the person have poor head/neck muscular control?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the person's neck flexion allow the chin to rest on their chest?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
An x-ray of the neck has been conducted		Yes <input type="checkbox"/>	No <input type="checkbox"/>
A copy of the x-ray report is attached?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

STATEMENT: In my professional opinion I confirm the athlete is free from symptomatic AAI and is safe to participate in competitive sport. I confirm the athlete and their family/guardians have been made aware of the risk and that Virtus: World Intellectual Impairment Sport and Athletes Without Limits accepts no responsibility in the event of injury arising from AAI.

I confirm that I am a physician/doctor qualified in the assessment and diagnosis of AAI.

Practitioners Name	<div></div> <div>(Last Name or Family Name) (First Name or Given Name)</div>	
Qualification/Profession		Official Stamp:
Address		
Phone Number		
Email Address		
Signature		
Date		

Please email application and supporting attachments to: info@athleteswithoutlimits.org

ATHLETES NAME:

ATHLETES WITHOUT LIMITS: EMERGENCY MEDICAL INFORMATION FOR US ATHLETES

EMERGENCY CONTACT

Name: _____ Relation: _____ Phone(s): _____

IMPORTANT ALLERGIES & MEDICAL NOTES IN CASE OF EMERGENCY:

MEDICATIONS

List Name and Dose so we can make sure none require additional TUE paperwork for competition:

No
Medications

1. Medication Name, Dose, Frequency: _____
2. Medication Name, Dose, Frequency: _____
3. Medication Name, Dose, Frequency: _____
4. Medication Name, Dose, Frequency: _____
5. Medication Name, Dose, Frequency: _____

ATHLETES WITHOUT LIMITS: RELEASE FORMS FOR US ATHLETES

LIABILITY RELEASE (REQUIRED FOR PARTICIPATION):

(Name) would like to travel with and/or participate in group trips or programs or events hosted by or associated with Athletes Without Limits. I acknowledge the risks and potential for risks of travel and participating in various sports. However, I feel that the possible benefits to myself/my son/my daughter/my ward are greater than the risk assumed. I hereby intend to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Athletes Without Limits, its Board of Directors, Coaches, Aids, Volunteers and/or Employees for any and all injuries and/or losses I/my son/my daughter/ my ward may sustain while traveling with Athletes Without Limits or while participating in, planning, or attending sporting, training and other events as part of Athletes Without Limits programming.

Athlete Signature: _____ Date: _____

Parent/Guardian 1 Signature: _____ Date: _____

Parent/Guardian 2 Signature: _____ Date: _____

PHOTO/FILM/BIO RELEASE (OPTIONAL):

I hereby consent to and authorize the use and reproduction by Athletes Without Limits (and its media partners) of any and all photographs and other audiovisual materials (including film) taken of me/my son/my daughter/my ward for promotional, educational fundraising and any other use for the benefit of Athletes Without Limits and its mission and programs. Examples include an athlete photo and bio that will appear on athleteswithoutlimits.org website, press releases, Facebook and Twitter updates, fundraising materials, etc.

Athlete Signature: _____ Date: _____

Parent/Guardian 1 Signature: _____ Date: _____

Parent/Guardian 2 Signature: _____ Date: _____

Please email application and supporting attachments to: info@athleteswithoutlimits.org