



ATHLETE NATIONALITY CLEARANCE FORM

1. Athlete's Contact Details

Family Name			
Given Name			
Date of Birth			
Primary Residence Address			
E-Mail			
Country of which the Athlete is a National. (If more than one, please list all of them here)			
1.		2.	
3.		4.	

2. Current National Deaf Sports Federation

This is the federation for which the athlete is currently eligible to participate in international competition.

Country	
Name of Federation	

3. New National Deaf Sports Federation

This is the federation for which the athlete proposes to register with and will be able to participate in the international competitions.

Country	
Name of Federation	

4. Declaration of the Current National Deaf Sports Federation

The information provided herein is true and correct in every respect. The athlete is informed that this form is subject to the current provisions of the ICSD Athlete Nationality Policy.

For Athlete	For Current National Deaf Sports Federation
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Signature of the Athlete

Date

Signature of An Authorized person

Title/Position

Date

5. Document Checklist

All these documents below must be enclosed with this form and be sent to ICSD.

The copy of all national passport if more than one.

For ICSD Use ONLY
Approved: <input type="checkbox"/> YES <input type="checkbox"/> NO
_____ Signature of the ICSD Chief Executive Officer
_____ Date