



2014 Cycling Tour de Formosa Tournament of the Deaf

Taiwan (R.O.C.)

October 28th-November 6th, 2014

1. Competition Date

October 28th -November 6th, 2014

2. Classification & Eligibility

2.1. Deaf Group

2.1.1. Deaf, defined as a hearing loss of at least 55dB in the better ear (3 tone frequency average of 500, 1,000 and 2,000 Hertz, ANSI 1969 standard).

2.1.2. As long as they are holders of National Cycling Association license issued to the players, men and women players can participate in competitions.

2.2. Hearing Group No Eligibility

3. Limitation & Fees

3.1. Maximum participant per team is four (4) cyclists and two (2) officials.

3.2. Maximum team per country is two (2).

3.3. Registration Fee: USD 300 per team.

3.4. Deposit Fee: USD 300 per team, the deposit fee will be returned once the team completes all competitions; otherwise, it will be forfeited as the fund.

3.5. Round-trip air tickets are on your own expense. During the competition, the Organizing Committee (OC) will be responsible for the expenses of accommodation and team vehicle. This service is ONLY for Deaf Group under #2.1.

4. Registrations

4.1. Preliminary Registration: **June 30th, 2014.**

4.2. Final Registration: **July 30th, 2014.**



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5. Technical Committee

- 5.1. Ralph FERNANDEZ (ICSD)
- 5.2. Mao-Chang TI (TPE)
- 5.3. Chien-Chiang LO (TPE)

6. Program

Date	Program	Distance	Note
Oct. 28 Tuesday	Arrival		
	Technical Meeting & License Inspection		
Oct. 29 Wednesday	Prologue Stage <ul style="list-style-type: none">● Press Conference at Taipei City Hall● Taipei City Hall – Xiaoyoukeng, Yangmingshan	25.55 Km	
Oct. 30 Thursday	1st Stage Taipei City – Taichung City	143.38 Km	
Oct. 31 Friday	2nd Stage Taichung City – Tainan City	166.82 Km	
Nov. 1 Saturday	3rd Stage Tainan City - Pingtung County	171.44 Km	
Nov. 2 Sunday	4th Stage Pingtung County - Taitung County	137.91 KM	
Nov. 3 Monday	5th Stage Taitung County-Hualien County	154.39 Km	
Nov. 4 Tuesday	Rest Day		
Nov. 5 Wednesday	6th Stage Yilan County - Keelung City	88.91 Km	
Nov. 6 Thursday	Departure		



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7. Competition Rules

- 7.1. Deaf group and hearing group will be raced in the same competitions. And, the ranking will be divided into different group.
- 7.2. Warm-up race will be begin right after the departure, all riders shall follow the instruction of the Chief Commissaire as to open the race, and any cyclist that does not finish a stage (DNF) earn one extra hour to the result.

8. Prize

- 8.1. 1st winner of each stage included the Prologue Stage will be awarded the prize included USD 300.
- 8.2. 1st winner of total 7 stage will be awarded the prize included USD 800; 2nd winner of total 7 stage will be awarded the prize included USD 500; 3rd winner of total 7 stage will be awarded the prize included USD 400; the 4th winner of total 7 stage will be awarded the prize included USD 300.

9. Regulation

The Cycling Road competitions will be conducted in accordance with the Rules and Regulations of the UCI.

10. Equipment Clothing

It is strictly a MUST to put on the working dress, the bicycle-drawn trailer special-purpose shoes, to wear the hard helmet. The equipment does not gather the stipulator, does not permit the competition.

11. Team Vehicle

- 11.1. For Deaf Group as #2.1 ONLY, the team vehicle will be provided each country.



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11.2. For 1st Stage, it will be a draw for the order to be departed. For the further stages, it will be automatically ordered according to the result of the previous stage.

12. Special Rule

As for the Gold medalists of Cycling Road of the 2013 Sofia Summer Deaflympics, the OC will pay the round-trip air tickets.

13. Protest

13.1. Procedure

The leader or a coach in the game within 30 minutes after the announcement of results in writing to the Judicial Committee to protest the same time, a deposit of USD 100. The Judicial Committee's decision for the final outcome of the protest was reached; the deposit will be forfeited as the fund.

13.2. Not allowed to question referees during the competition on the spot in order to safeguard competition can be conducted smoothly.

14. The competitions will be conducted in accordance with the decision during the technical meetings.



FORM 1

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Preliminary Entry Form

NATION: _____

Our preliminary registry for number of athletes and officials are as below:

	Role	Number of Persons	Note
1	Athlete		
2	Official		

Note:

1. The total number of persons for registration is **six (6)**, which includes maximum **four (4)** athletes and **two (2)** officials for **two (2)** per nation (country).
2. When you submit the preliminary registration form, please submit the banking receipt of your bank transferring together.

President

NDSA Stamp

Secretary General

___ / ___ / 2014

Date

This Preliminary Registration Form must be received by Chinese Taipei Sports Association of the Deaf by e-mail chinesetaipei@ciss.org

By June 30th, 2014

Important Deadline Dates

- **June 30th, 2014** – Preliminary Registration Form (FORM 1) with both Registration and Deposit Fees.
- **July 30th, 2014** – Final Entry Form (FORM 2)



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Payment for both registration and deposit fees

1. All fees must be wired before **June 30th, 2014**.
2. The banking receipt must be scanned and e-mailed to Chinese Taipei Sports Association of the Deaf for the reference.
3. Bank Transfer, please follow the below details,

Beneficiary

1. Name: Chinese Taipei Sports Association of the Deaf
2. Account: 307102604146
3. Address: Room 214, 2F., No.55, Changji St., Datong District, Taipei City 10363, Taiwan, R.O.C.
4. Telephone: +886-2-2597-4352

Bank Information

1. Name: Taipei Fubon Commercial Bank
2. Branch: Lungchiang Branch
3. Address: No.28, Sec.3, Nanking E. Rd., Taipei, Taiwan, R.O.C.
4. Swift Code: TPBKTWTP307
5. Telephone: +886-2-25073817

Note: Chinese Taipei Sports Association of the Deaf is not responsible for all wire transfer fee and relative fees upon your banking transfers.



TAIWAN

FORM 2

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Final Entry Form

NATION: _____

<input type="checkbox"/> Athlete <input type="checkbox"/> Official	For Official ONLY <input type="checkbox"/> Coach <input type="checkbox"/> Leader/Director <input type="checkbox"/> Interpreter <input type="checkbox"/> Medical	
Family Name	Given Name	PHOTO Please insert Your Passport-Sized Photo Here (2 in x 2 in)
Date of Birth (Day/Month/Year)	Passport number	
UCI ID	ICSD ID	

<input type="checkbox"/> Athlete <input type="checkbox"/> Official	For Official ONLY <input type="checkbox"/> Coach <input type="checkbox"/> Leader/Director <input type="checkbox"/> Interpreter <input type="checkbox"/> Medical	
Family Name	Given Name	PHOTO Please insert Your Passport-Sized Photo Here (2 in x 2 in)
Date of Birth (Day/Month/Year)	Passport number	
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Family Name	Given Name	PHOTO Please insert Your Passport-Sized Photo Here (2 in x 2 in)
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Guidelines for Photo for the accreditation purpose

1. The photo must be taken less than 6-month old.
2. The photo must be passport-sized as it is 2 in x 2 in.
3. Digital resolution: 200 dpi under 1mb
4. File name: **Family name_Given name.jpg**

I hereby certify that the statements and information in this application form are true and correct to the best of my knowledge.

President

NDSA Stamp

Secretary General

____ / ____ / 2014

Date

This Final Entry Form must be received by Chinese Taipei Sports Association of the Deaf
by e-mail chinesetaipei@ciss.org

By July 30th, 2014



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Flight Schedule Form

NATION: _____

Please fill up this FLIGHT SCHEDULE FORM in ensuring our pick-up and drop-off arrangement for your nation teams.

Arrival

No	Airline	Flight No.	Arrival		Origin	Number of persons
			Date	Time		
1						
2						

Departure

No	Airline	Flight No.	Departure		Destination	Number of persons
			Date	Time		
1						
2						

Contact

Contact		Position	
E-mail		Mobile phone	



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Medical Service Summary

After having fully read the information contained in this document, please sign and return **Medical Service Agreement Form** in the back of this document before **July 30th, 2014**.

A. SERVICE DURING THE COMPETITION

In case of required hospitalization after emergency during competitions, the injured athlete/personnel must be accompanied by at least one team member (Coach, team leader/director, team interpreter, team medical staff, emergency contact, or team mate) or relative to the hospital.

B. SERVICE DURING NON-COMPETITION/TRAINING PERIOD

In case of emergency during non-competition/training period, please request assistance through local public emergency aid system as followings,

Rescue Service TEL. **119** / Police Agency TEL. **110**

All related medical expenses in this case, including ambulance service and diagnosis/treatment at the hospital, will be at the expense of the injured athlete/personnel or at the expense of the respective team. Chinese Taipei Sports Association of the Deaf (hereinafter, "CTSAD") will not be responsible for any medical expense incurred in this case.

C. TEAM MEDICAL STAFF

All team medical staff are required to bring proper proof/documentation of medical qualification with them during the competition; therefore, all team medical staff are allowed to provide medical service during the competition **ONLY** to their respective team members, and **NOT** to members of any other national team.



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D. MEDICATION

All team medical staff should bring their own medication supplies during the competition, except under emergencies or other special circumstances.

E. MEDICAL INSURANCE

CTSAD will individually not provide medical insurance to national teams during the competition. Team members are responsible for their own medical insurance.

Team medical staff for each team should make sure that all of its team athletes and members have enough travel or medical insurance to cover all medical expenses that may be incurred while in Taiwan.

F. MEDICAL EXPENSES

During the competition, emergency aid service will be provided free emergency medical diagnosis/treatment and ambulance service in case of required hospitalization; any medical expense incurred at the hospital (diagnosis, treatment, etc), though, will be at the expense of the injured athlete/personnel or at the expense of the respective team. CTSAD will not be responsible for any medical expense incurred at the hospital



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2014 Cycling Tour de Formosa Tournament of the Deaf Medical Service Agreement Form

NATION: _____

I hereby certify that I and my team have fully read and understood the information contained in this document, and that we agree to the terms stated in this document.

President

NDSA Stamp

Secretary General

___ / ___ / 2014

Date

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By July 30th, 2014