



West Midland Regional Disability Swimming Championships

EVENT INFORMATION PACK

**Run under DSE Swimming Rules –
(DSE have adopted the IPC Swimming Rules with some additions)**
These can be downloaded from the DSE Website www.disabilitysport.org.uk

LOCATION: Ken Marriott Leisure Centre
Bruce Williams Way
Rugby
CV22 5LJ

DATE: Sunday 28th November 2010

REGISTRATION: 4.30pm

WARM-UP: 5pm – 6pm

SESSIONS: 6pm – 8pm

ENTRY FORMS MUST BE RETURNED TO:

ASA West Midland Regional Office, Unit 3 Kingfisher Enterprise Park, 50 Arthur Street, Redditch, Worcs B98 8LG

CLOSING DATE FOR ENTRIES: 5th November 2010

CLOSING DATE IF SWIMMERS REQUIRE CLASSIFICATION: 13th October 2010

CHEQUES PAYABLE TO: ASA West Midland Region

CONTACT FOR QUERIES:

Lyndsey Hollands Tel: 07909 951896 Email: Lyndsey.hollands@swimming.org

West Midland Regional Tel: 01527 517508 Email: westmidland@swimming.org



Classification

This competition is open to any swimmer with a disability, physical, sensory or learning disability. **Swimmers should indicate on their entry form their BRITISH SWIMMING Classification / IPC CLASSIFICATION / UKSAPLD / INAS / UKDS. Where swimmers have not been classified, please leave blank.** It is not necessary for swimmers to have been formally classified in-order to compete at this regional event however S14 – 15 / S17 swimmers need to be registered with their respective National Disability Sports Organisation i.e. UKSAPLD (14), UK Deaf Sport (15) or DSE (17).

If anyone requires any assistance in the area of classification please contact **Carolyn Wade at the National Disability Swimming Office** on 01625 440 434 or email disability@swimming.org

NB. Swimmers requiring classification should enter events on all four strokes.

Swimmers from outside the Host Region

Swimmers from outside the West Midland Region are very welcome to enter the event for the purposes of gaining competition experience, but should entries exceed the capacity of the pool, then swimmers from within the West Midland Region and then East Midland Region will take preference. In an effort to reduce the number of athletes on the classification list swimmers will be invited to attend the events as a means of attaining a classification and as such priority will also be given to these athletes.

Events

All individual events will be made up of people with similar entry times, irrespective of their age, sex or disability. This is done in order to make the events more competitive and increases the opportunity for swimmers to gain faster times. It is important therefore that accurate times are submitted for all events. **If no time is completed, then the swimmer will be placed in the slowest grouping.** All race times are recorded and events are re-run on Computer. Results within each grouping will be provided after the event and should be made available online.

Medical Forms / Epilepsy

All swimmers and escorts/coaches need to fill in medical forms. In the event of an emergency the event organiser will pass the medical forms onto the emergency services. **Swimmers with epilepsy should ensure that this is indicated on the medical form and that the lifeguards are made aware of this before each of their races.** A responsible adult who knows the swimmers condition should accompany them. This person must act as a “spotter” on the poolside while the swimmer is in the water.



Refreshments

There is a café at the Leisure Centre which provides drinks and snacks and vending machines are available.

It is advisable that Athletes bring their own food and drinks, as suggested to them by their coaches and where necessary subject to their own dietary requirements.

Medals

Medals will be awarded for the first three places in each event based on Disability Points, providing that three swimmers compete. In this instance the '-1 Rule' should be used with the number of medals awarded determined by subtracting 1 from the number of competitors. Medals will be presented at the end of the competition during an awards ceremony. Certificates of attendance will also be produced and given to each athlete competing as recognition of their achievement.

Non-classified swimmers are not eligible to claim a medal, but will receive a certificate of attendance.

Poolside Access

Only team managers, coaches and escorts that have poolside passes will be able to gain access to the poolside; access will be strictly monitored.

Classes S1-5 and S11 are eligible for free escort passes to gain access to the changing rooms and poolside to give assistance to swimmers. Passes can be requested with entry forms at £3 per pass (includes a programme and refreshments) and can be collected on the day of competition. All team managers, coaches and escorts must complete a self-declaration form in order to receive a poolside pass.

Entry fees

There will be an £8 entry fee per swimmer and each swimmer will be able to swim a maximum of 5 events. Entry fees should be paid with the entry form and cheques payable to '**ASA West Midland Region**'.

There will be a small charge on the day for spectators.

Functional Ability Cards (FAC)

All swimmers with Functional Ability Cards (FAC) should bring these to the event in order to swim.



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West Midland Regional Disability Swimming Championships

Sunday 28th November 2010
Ken Marriott Leisure Centre, Rugby
Warm up 5pm
Start time 6pm

Event Programme

Event No	Classifications	Distance	Stroke
1	SM1- SM4	75m	Individual Medley
2	SM5 - SM17, B4	100m	Individual Medley
3	S1 - S5	25m	Backstroke
4	SB4 - SB17, B4	100m	Breaststroke
5	S1 - S17, B4	50m	Backstroke
6	S1 - S17, B4	200m	Freestyle
7	S1- S5	25m	Freestyle
8	S4 - S17, B4	50m	Butterfly
9	S1 - S17, B4	100m	Freestyle
10	SB4 - SB17, B4	50m	Breaststroke
11	SM8 - SM17, B4	100m	Butterfly
12	SB1 - SB5	25m	Breaststroke
13	S1 - S17, B4	100m	Backstroke
14	S1 - S5	25m	Butterfly
15	SM5 - SM17, B4	200m	Individual Medley
16	S1 - S17, B4	50m	Freestyle

All events will be swum mixed gender and classification

NB. Swimmers requiring classification should enter events on all four strokes.



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West Midland Regional Disability Swimming Championships Entry Form

NAME: _____ CLUB: _____

D.O.B: _____ AGE ON DAY: _____ SEX: M / F

(All competitors should be 9 years or over on 28th November 2010)

IPC/UKSA/UKDS/INAS CLASSIFICATION (S1-10/11-13/14/15/17):S___ SB___ SM___ B4___

REGISTRATION NUMBER: ASA / SASA / WASA _____

PLEASE INDICATE WHICH EVENTS YOU WISH TO ENTER BY SUBMITTING TIMES NEXT TO THE APPROPRIATE EVENTS.

EVENTS AVAILABLE	TIME
25M FREESTYLE	
50M FREESTYLE	
100M FREESTYLE	
200M FREESTYLE	
25M BACKSTROKE	
50M BACKSTROKE	
100M BACKSTROKE	
25M BREASTSTROKE	
50M BREASTSTROKE	
100M BREASTSTROKE	
25M BUTTERFLY	
50M BUTTERFLY	
100M BUTTERFLY	
75M I.M.	
100M I.M.	
200M I.M.	

I CONFIRM I ACCEPT THE PROMOTERS CONDITIONS FOR THE EVENT

Signature:.....

Parent/Guardian Signature:.....

Date

To be signed by the parent/guardian of any competitor under the age of 18 years.

Entry fee: £8 per swimmer for max 5 events. Chq to ASA West Midland Region

Competitors with a FAC should present this prior to swimming

The organisers reserve the right to reject incomplete or late entry forms and those with no payment.

Completed forms should be sent to: ASA West Midland Regional Office, Unit 3 Kingfisher Enterprise Park, 50 Arthur Street, Redditch, Worcs B98 8LG

Closing date for entries: 5th November 2010

Closing date for swimmers who require classification: 13th October 2010



DSE Code of Conduct for Competitors Age 9+

Participants Behaviour Promise

I know that I am representing my family and my sport.

I agree that I will behave in the best way I can.

I agree to:

1. Stay in the venue/site unless I am with a member of my staff or Family.
2. Behave in a sensible and polite way towards competitors, officials and event organisers

I agree never to:

1. Drink alcohol or smoke
2. Use bad language
3. Be unkind to anyone
4. If I am staying in an hotel, I will not leave my room without permission from my staff or family
5. Disturb other people

I understand that if I am worried about anything I must tell a member of my staff straight away.

I have read this agreement with my parent/guardian.

I understand what is expected of me.

Signed: _____ **Dated:** _____



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Escort and Coaches Self Declaration Form

You have a right of access to information held on you and other rights under the Data Protection Act 1998

PART A

Title	First Name	Surname	Any previous names by which you may have been known
Address:			
Postcode:			
Telephone Number(s):			
Email address:			

Postcode MUST be completed

DATE OF BIRTH

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SEX	M		F	
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Current Club(s)	Position	Start Date
	Coach/Helper/Team Manager/Other*	
	Coach/Helper/Team Manager/Other*	
	Coach/Helper/Team Manager/Other*	

*Please delete as appropriate



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PART B

Self Declaration (for completion by the individual named in Part A)

1. Have you ever been convicted of any criminal offences?

YES / NO*

If YES, please supply details of any criminal convictions:

.....
.....
.....

NOTE: You are advised under the provisions of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 as amended by the Rehabilitation of Offenders Act 1974 (Exceptions Amendment) Order 1986 you should declare all convictions including 'spent' convictions, cautions, warnings and reprimands.

2. Are you a person known to any social services department as being an actual or potential risk to children?

YES / NO*

If YES, please supply details:

.....
.....

3. Have you had a disciplinary sanction (from a sport, or other organisation's governing body) relating to child abuse?

YES / NO*

If YES, please supply details:

.....

Signed by the above named individual:

Print name Date



DSE Regional Championship Spotter Form

Name:

Address:

Telephone No:

Region:

Please complete below if appropriate:

I CONFIRM I AM SUBJECT TO EPILEPTIC FITS: YES / NO

My Spotter is:

I CONFIRM THAT DUE TO MY MEDICAL CONDITION I REQUIRE SUPERVISION WHILST IN COMPETITION: YES /NO

My Spotter is:

I CAN CONFIRM THAT THE ABOVE DETAILS ARE CORRECT AND THAT I WILL INFORM THE ORGANISERS OF ANY CHANGES.

SIGNATURE: **DATE:**

PARENT/GUARDIAN SIGNATURE:



Parental Consent Form

TO BE COMPLETED BY ALL COMPETITORS UNDER THE AGE OF 18 YRS ON THE FIRST DAY OF COMPETITION.

Dear Parent/Guardian

It is imperative that the Escorts/ coaches accompanying your son / daughter have the necessary authority to obtain any urgent treatment which may be required whilst at the DSE Regional Competition. Could you therefore please complete the details below and return to your team manager. You are advised to take a copy.

Name:

Date of Birth:

Address:

I: being parent/guardian of the above named child hereby give permission for the Team Manager to give the immediate necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my son/daughter's interest, in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent.

SIGNATURE: **DATE:**

(consent by parent/guardian)

Full Name (Block Capitals):

DSE CONFIDENTIAL MEDICAL FORM

ALL STAFF & COMPETITORS ARE REQUIRED TO COMPLETE THIS FORM PLEASE PRINT

Surname..... Forename..... Date of Birth, Address:.....Postcode:..... Tele: Home:Work: Email:.....	REGION / Home Country MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> COMPETITOR <input type="checkbox"/> STAFF <input type="checkbox"/> GP's Details: Name:..... Address..... Tele:.....	Next of Kin/ Emergency Contact Name: Relationship: Address..... Tele: Home..... Tele: Work..... Tele: Mobile.....
DISABILITY: (please State) - _____ Are you subject to any sudden illnesses, for example, fits, kidney or bladder infection, chest infection that you require urgent treatment? If so, what tablets, injections or treatment do you require?		
REGULAR MEDICATION AND DOSAGE (include inhalers) 1	REGULAR MEDICATION AND DOSAGE (include inhalers) 4	
2	5	
3	6	
Allergies (Put 'None' if none known)	Reactions & Symptoms	
Vitamins/ Supplements:		
Current injuries or medical treatment? Any other relevant information: (if necessary continue on reverse of form)		
I confirm the above details are correct and that I will inform the organisers immediately of any changes.		
Signature:..... Parent/Guardian Signature:..... Date		
To be signed by the parent/guardian of any competitor under the age of 18 years.		



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Photograph / Film Footage Consent Form

West Midland Regional Disability Swimming Championships

It is intended to take photographs at the above event.

Please sign the appropriate sections and return promptly to address below.

Section One: To be completed by an appropriate representative of the athlete taking part in the event if permission has been granted by the athlete's parents/carers:

Name (please print):

Contact number/Address:

Please sign this statement

I hereby grant/do not grant (delete as applicable) DSE the absolute right to use the images resulting from this photo/film shoot. This includes any reproductions or adaptations of the images for all general publicity purposes.

Signature: _____

Date: ____/____/____

Section Two: To be completed by a parent / carer of person to be photographed

Name (please print):

Address:

Please sign this statement

I hereby grant/do not grant (delete as applicable) DSE the absolute right to use the images resulting from photography at the event mentioned above. This includes any reproductions or adaptations of the images for all general publicity purposes.

Signature: _____

Date: ____/____/____



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Coach / Team Manager / Escort Poolside Pass request

Please fill in contact details below:

Contact Name:	Club:
Address:	
	Phone Number:
Post Code:	Email:

*I require 1 poolside pass for swimmers S1 – S5 and S11 – no charge

*I require 1 poolside pass for swimmers S6 – S10 and S12 – S17 and enclose a cheque for £3 payable to **'ASA West Midland Region'**.

*please delete as appropriate.

All applications must include a self declaration form and a medical form per person per pass. No person without a poolside pass will be able to gain access to the poolside other than the spectator area. All poolside passes can be collected on the day of competition.

I certify that all the above details are correct and that I will abide by the promoter's conditions.

Signed: _____ **Date:** _____



Entry checklist

Swimmers:

I have enclosed the completed forms:

- Entry form – up to 5 events
- A cheque for £8 payable to ASA West Midland Region
- DSE code of conduct for competitors 9 years +
- DSE spotter form (Epilepsy) if applicable
- DSE parental consent form
- DSE medical form
- DSE photograph /film consent form

Escort / Coaches / Team Managers:

I have enclosed the completed forms:

- Application for a poolside pass
- A cheque for £3 payable to ASA West Midland Region
- DSE self declaration form
- DSE medical form

The organisers reserve the right to reject incomplete or late entry forms and those with no payment.

**Please send all completed forms by 10th November 2010 or 13th October if swimmers require classification to:
ASA West Midland Regional Office, Unit 3 Kingfisher Enterprise Park, 50 Arthur Street, Redditch, Worcs B98 8LG**