

DSE/ASA South West Regional Disability Swimming Championships

EVENT INFORMATION PACK

Run under ASA Swimming Rules –

LOCATION: Horfield, Bristol
DATE: Sunday 27 October 2013
REGISTRATION: 3.00pm
WARM-UP: 3.00 – 3.30pm
SESSIONS: 3.30 – 7.00pm

FORMS MUST BE RETURNED TO: Robert Margetts
38 Burrige Road
TORQUAY
TQ2 6LN
01803 605932
rmargetts@wcasa.co.uk

NO FORMS WILL BE ACCEPTED AFTER: Wednesday 2 October 2013

CHEQUES PAYABLE TO: ASA SWR

Promoters Conditions

Promoter: ASA South West Region

**Event Administrator: Robert Margetts, 38 Burr ridge Road, Torquay TQ2 6LN
Tel: 01803 605932 email: rmargetts@wcasa.co.uk**

Classification

This competition is open to any swimmer with a 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 the swimmer is not classified please self classify, for programme purposes, VI – visually impaired, HI – hearing impaired, PD – physical disability, ID – intellectual disability.

Please note unclassified swimmers with a physical, visual, hearing or intellectual impairment can only compete in the 50m, 100m and 200m events. 25m events are for swimmers with an S1-S5 classification, or unclassified swimmers with a physical impairment only.

A functional classification session will be held at these regional championships. For information about opportunities for functional classification please contact Lyndsey Hollands, lyndsey.hollands@swimming.org 07909 951896 or Carolyn Wade classification@swimming.org 0161 2005441

Entry fees

There will be an entry fee of £5.00 for 1 or 2 events, £7.00 for 3 events and £8.00 for 4 events; each swimmer will be able to swim a maximum of 4 events. There will be no charge on the day for spectators, but programmes will be on sale.

Swimmers from outside the Host Region:

Swimmers from outside the South West 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 host 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.

An alphabetical list of all competitors must be sent to the ASA Regional officer at least 10 days prior to the competition so a list of exceptions can be produced for the Officials. 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 heats.** 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 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 are refreshments available at the pool.

Medals

Medals will be awarded, to classified swimmers only, 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 may be presented at the end of the competition during an awards ceremony or depending on time constraints they can be distributed during the competition. Certificates of attendance will be produced and given to each athlete competing as recognition of their achievement.

Event Programme

Event No	Classifications	Distance	Stroke
1	S6 - S15 / S17	400m	Freestyle
2	S1 - S15/17	50m	Backstroke
3	SB1 - SB5	25m	Breaststroke
4	S1 - S17	100m	Freestyle
5	SM1- SM4	75m	Individual Medley
6	SM5 -SM15 / SM17	100m	Individual Medley
7	SB4 - SB9, SB11 - SB15 / SB17	50m	Breaststroke
8	S1 - S5	25m	Butterfly
9	S1 - S15 / S17	100m	Backstroke
10	S1 - S17	200m	Freestyle
11	S4 - S15/17	50m	Butterfly
12	S1 - S5	25m	Freestyle
13	SB4 - SB9, SB11 - SB15 / SB17	100m	Breaststroke
14	S1 - S15/17	50m	Freestyle
15	S1 - S5	25m	Backstroke
16	S8 - S15 / S17	100m	Butterfly
17	SM1-SM4	150m	Individual Medley
18	SM5 - SM15 / SM17	200m	Individual Medley

All events will be swum slowest to fastest to include both sexes and all disabilities on submitted times. There are no qualifying times.

ASA South West Region Disability Swimming Championships Entry Form

NAME: _____

CLUB: _____

D.O.B: _____ Age on day: _____ SEX: _____

(All competitors should be 9 years or over Sunday 27 October 2013)

IPC/UKSA/UKDS/INAS or

CLASSIFICATION*(S1-10/11-13/14/15/17):S___SB___SM___

- Please attach copy of FAC Card or relevant classification registration card
- Self classification VI___HI___PD___ID___

BRITISH SWIMMING ID TRACKER FORM COMPLETED (if no classification) Yes / No

REGISTRATION NUMBER: ASA / SASA / WASA _____

PLEASE INDICATE WHICH EVENTS YOU WISH TO ENTER BY SUBMITTING TIMES NEXT TO THE APPROPRIATE EVENTS. Maximum 4 events

Event	Disability classification	Distance	Stroke	Entry time
1	S6 – S15 / S17	400m	Freestyle	
2	S1 – S15/17	50m	Backstroke	
3	SB1 – SB5	25m	Breaststroke	
4	S1 – S17	100m	Freestyle	
5	SM1- SM4	75m	Individual Medley	
6	SM5 –SM15/SM17	100m	Individual Medley	
7	SB4 – SB9, SB11 – SB15 / SB17	50m	Breaststroke	
8	S1 – S5	25m	Butterfly	
9	S1 – S15 / S17	100m	Backstroke	
10	S1 – S17	200m	Freestyle	
11	S4 – S15/17	50m	Butterfly	
12	S1 – S5	25m	Freestyle	
13	SB4-SB9/SB11-SB15/SB17	100m	Breaststroke	
14	S1 – S15/17	50m	Freestyle	
15	S1 – S5	25m	Backstroke	
16	S8 – S15 / S17	100m	Butterfly	
17	SM1-SM4	150m	Individual Medley	
18	SM5-SM15/SM17	200m	Individual Medley	

Entry fee: £5.00 for 1 or 2 events, £7.00 for 3 events or £8.00 for 4 events (Cheques payable to ASA South West Region). The organisers reserve the right to reject incomplete or late entry forms and those with no payment.

Completed forms to be sent to: Robert Margetts 38 Burrige Road, Torquay TQ2 6LN. By Wednesday 2 October 2013.

I CONFIRM I ACCEPT THE PROMOTERS CONDITIONS FOR THE EVENT

Signature: Parent/Guardian
 To be signed by the parent/guardian of any competitor under the age of 18 years
 (All competitors under the age of 18 must have parental consent to compete)

Signature: of Competitor
 Date:

DSE CONFIDENTIAL MEDICAL FORM

COMPETITORS ARE REQUIRED TO COMPLETE THIS FORM PLEASE PRINT

Surname..... Forename..... Date of Birth Address:..... Postcode: Tele: Home: Email:	REGION / Home Country MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> COMPETITOR <input type="checkbox"/> STAFF <input type="checkbox"/> <hr/> GP's Details: Name: Address:..... Tele:	Next of Kin/ Emergency Contact Name: Relationship: Address..... Tele: Home..... Tele: Work..... Tele: Mobile.....
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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.

ASA South West Region Disability Swimming Championships

Coach / Team manager / Escort Poolside Pass request form

Please fill in contact details below:-

Contact Name:	Club:
Address:	Phone Number:
Post Code:	E-mail:
CRB Number:	

- I require 1 poolside pass for swimmers

All poolside pass requests must include the applicants CRB number and a medical form, for the pass to be issued.

No person without a poolside pass will be able to gain access to the poolside.
All poolside passes can be collected on the day at the registration table.

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 4 events
- Appropriate entry fee payable to ASA SWR
- DSE confidential medical form
- Photocopy of FAC (both sides) or relevant classification registration card
- Photography
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By entering the ASA South West Region Disability Swimming Championships, swimmers are giving consent to photographs being taken of them during the championships by the organisers or registered photographers.

If you **DO NOT** give your photographic consent, please tick here
and return with your entry form.

Escorts / Coaches / Team managers

I have enclosed the completed forms:

- Coach/team manager/escort poolside pass request form

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

Please send all completed forms to:

**Robert Margetts
38 Burrige Road, Torquay TQ2 6LN**

By Wednesday 2 October 2013