



Creating Champions Together

North West Regional Disability Swimming Championships 2011

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: Liverpool Aquatic Centre, Wellington Road, Liverpool

DATE: Saturday 15th October, 2011

SESSIONS:

Registration	14.00
Warm up:	14.30 – 15.00
Championships:	15.00 – 18.00

FORMS MUST BE RETURNED BY Saturday 24th September, 2011 to:

Keith Chisholm
33 Rannerdale Drive
Whitehaven
CA28 6 LA

Cheques to be made payable to 'ASA North West Region'

'For 'new' athletes wishing to be considered for a functional classification, entry forms must be returned by Friday 2nd September 2011.'



Results will be provided during the event and will be made available after the event on the ASANWR website. Members of each team must be registered to the club for which they are swimming and have swum for that club in all their individual events.

Age will be as at 15 October 2011.

Medical Forms / Epilepsy

All swimmers and escorts/coaches/team managers need to fill in confidential 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

It is advised that athletes bring their own food and drinks. Drinks will be made available for officials, coaches, team managers and accredited escorts.

Medals

Medals will be awarded to the first three places in each event for male and female, calculated on British Disability Points. (Points are awarded to each swimmer in relation to how close they are to their classifications world record in each event respectively).

The minus 1 rule will be used to award medals:

- where there are only three swimmers in an event, only the top two placed swimmers will receive medals
- where there are two swimmers, only the winner will receive a medal
- if there is only one swimmer, they will receive a medal if they swim faster than their entry time.

Top boy and top girl trophies will be awarded in each age band (9-10, 11-12, 13-14, 15-16, and 17+) to the top scoring swimmer based on British Disability Points from any one race.

Poolside Access

Only team managers, coaches and escorts that have pool side passes will have access to the poolside. 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 and can be collected on the day of competition.

All team managers, coaches and escorts must complete a Poolside Pass request form and confidential medical form, in order to receive a poolside pass.

Entry fees

Thanks to the generous sponsorship of Nationwide we are able to keep entry fees low. There will be a £5 entry fee for each swimmer; each swimmer will be able to swim a maximum of 4 events. The Entry fee should be paid when submitting the entry form with cheques made payable to ASA North West Region. There will be no charge for spectator entry, however, there will be a small charge for programmes.

Registration

On arrival at the Aquatics Centre all swimmers and coaches/escorts must check-in at the registration desk near the pool entrance.

North West Regional Disability Swimming Championships 2011

Supported by Nationwide

Saturday 15th October 2011

Liverpool Aquatic Centre
Wellington Road,
Liverpool

Event Programme

All events are swum mixed gender and classification

Event No	Classifications	Distance	Stroke
1	S6 - S15 / S17, B4	400m	Freestyle
2	S1-S15 / S17, B4	50m	Backstroke
3	SB4 - SB9 SB11 - SB15 / SB17, B4	100m	Breaststroke
4	S1- S5	25m	Freestyle
5	SB4 - SB17, B4	50m	Breaststroke
6	S8 - S15 / S17, B4	100m	Butterfly
7	SM1- SM4	75m	Individual Medley
8	SM5 -SM15 / SM17, B4	100m	Individual Medley
9	S1 - S5	25m	Backstroke
10	S1 - S17, B4	200m	Freestyle
11	S1 - S5	25m	Butterfly
12	S1 - S17, B4	100m	Freestyle
13	SM5 - SM15 / SM17, B4	200m	Individual Medley
14	SM1-SM4	150m	Individual Medley
15	S1 -S15 / S17, B4	50m	Freestyle
16	S4 - S15 / S17, B4	50m	Butterfly
17	SB1 - SB5	25m	Breaststroke
18	S1 - S15 / S17, B4	100m	Backstroke
19	Open	4 x 50m	Freestyle Relay

Unclassified swimmers with a sensory or intellectual impairment **cannot** compete in:

- Event 4 - 25m freestyle,
- Event 7 - 75m IM,
- Event 9 - 25m backstroke,
- Event 11 - 25m butterfly,
- Event 14 - 150m IM,
- Event 17 - 25m breaststroke,

as these events are solely for athletes with a physical/functional impairment. Swimmers with a sensory or intellectual impairment will be removed from the event should they be entered incorrectly.



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Entry Form

NAME: _____ CLUB: _____

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

(All competitors should be 9 years or over as at 15 October 2011)

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

*** Please attach copy of FAC Card or relevant classification registration card**

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

REGISTRATION NUMBER: ASA / SASA / WASA _____

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

Event	Classifications eligible	Distance	Stroke	Submitted time
1	S6 - S15 / S17, B4	400m	Freestyle	
2	S1-S15 / S17, B4	50m	Backstroke	
3	SB4 - SB9 SB11 - SB15 / SB17, B4	100m	Breaststroke	
4	S1- S5	25m	Freestyle	
5	SB4 - SB17, B4	50m	Breaststroke	
6	S8 - S15 / S17, B4	100m	Butterfly	
7	SM1- SM4	75m	Individual Medley	
8	SM5 -SM15 / SM17, B4	100m	Individual Medley	
9	S1 - S5	25m	Backstroke	
10	S1 - S17, B4	200m	Freestyle	
11	S1 - S5	25m	Butterfly	
12	S1 - S17, B4	100m	Freestyle	
13	SM5 - SM15 / SM17, B4	200m	Individual Medley	
14	SM1-SM4	150m	Individual Medley	
15	S1 -S15 / S17, B4	50m	Freestyle	
16	S4 - S15 / S17, B4	50m	Butterfly	
17	SB1 - SB5	25m	Breaststroke	
18	S1 - S15 / S17, B4	100m	Backstroke	
19	Open	4 x 50m	Freestyle Relay	

Entry fee £5 (Cheques payable to ASA North West Region). The organisers reserve the right to reject incomplete or late entry forms and those with no payment.

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: _____ Competitor

ALL STAFF & COMPETITORS ARE REQUIRED TO COMPLETE THIS FORM
DSE CONFIDENTIAL MEDICAL FORM

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? _____ If you are subject to Epilepsy and/or fit who is your spotter? _____		
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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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 S1 – S5 and S11 Free
- I require 1 poolside pass for swimmers S6-S10 and S12-S17 and enclose £3

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
- A cheque for £5 payable to 'ASA North West Region'
- DSE confidential medical form
- Photocopy of FAC (both sides) or relevant classification registration card
- Photography
No Photography or Videoing is permitted at Liverpool Aquatic Centre

Escorts / Coaches / Team managers

I have enclosed the completed forms:

- Coach/team manager/escort poolside pass request form
- A cheque for £3 payable to asa North West Region
- DSE confidential medical form

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

FORMS MUST BE RETURNED BY SATURDAY 24TH SEPTEMBER 2011 TO:

**Keith Chisholm
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Whitehaven
CA28 6LA**

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