



North West Regional Disability Master Class

27th September 2009

Booking form

The North West Region in partnership with Greater Sport are running 3 master classes for talented disability swimmers to support Swim North West Disability Squad. First session will be 27th September. Each session aims to give disabled swimmers from the North West region a chance to come together with like minded athletes. Experience national coaching sessions (both land and pool), athlete education as well as an opportunity to meet Paralympic Champions. If you would like to attend please complete this booking form. Cost – Free, swimmers will be selected as detailed.

LOCATION: Leigh Sports Village, Sale Way. Leigh, WN7 4JY.
www.leighsportsvillage.co.uk

DATE: Sunday 27th September 2009 -

DETAILS:

- 1:00 pm Welcome
- 1:15 - 2:00 pm Land Training
- 2:15 - 3:00 pm Swimmer tips and advice
- 3:00 - 3:15 pm Break & Change for pool
- 3:15 - 3:30 pm Pre pool stretching/mobility
- 3:30 - 5:30 pm Pool Session

CLOSING DATE: MONDAY 7TH SEPTEMBER 2009

Organiser : Louise Shelly
EMAIL:LOUISES@GREATERSPORT.CO.UK
Tel. 0161 223 1002
Mobile 07734 993 560

Please complete and return forms to:

Louise Shelly
GREATERSPORT
BELLE VUE CENTRE
PINK BANK LANE
MANCHESTER M12 5GL

By closing date, thank you.



In Association With



Greater Manchester Sports Partnership



NAME: _____

ADDRESS: _____

E-MAIL: _____ CONTACT NO.: _____

ASA /SASA /WASA/ CLUB: _____

D.O.B: _____ SEX: _____

CLASSIFICATION (if known): S _____ SB _____ SM _____ OR GROUP*: _____

*For swimmers who have not been classified please complete based on group guidance notes, if you are unsure please contact organiser.

REGISTRATION NUMBER: ASA / SASA / WASA _____

STROKE/DISTANCE	TIME ACHIEVED & WHEN
25M FREESTYLE	
50M FREESTYLE	
25M BACKSTROKE	
50M BACKSTROKE	
25M BUTTERFLY	
50M BUTTERFLY	
25M BREASTSTROKE	
50M BREASTSTROKE	
100M INDIVIDUAL MEDLEY	

The above times are accurate to the best of my knowledge and agreed to the ASA code of conduct.

Signature:.....	Swimmer
Signature:.....	Parent/Guardian
Date	

The master class is free of charge, the swimmers will be selected based on times supplied and grouping/classification given. If you have any questions please contact organiser.



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Swimmer Groups

Group A

- Quadriplegia, Tetraplegia or multiple amputee/dysmelia (all 4 limbs affected) E.g. Cerebral Palsy, Spinal Cord Injury, Polio, Arthrogyrosis.
- Any others with a severe impairment.

Note: Some swimmers will only perform a stroke on their back.

Group B

- Wheelchair users (2 limbs affected) e.g. Cerebral Palsy, Spinal Cord Injury, Polio, Spinabifida.
- Achondroplasia - restricted growth i.e. dwarfism.
- Hemiplegia - affects predominately same side.
- Double amputee/dysmelia.
- Visually impaired since birth no functional vision.
- Any others with a moderate impairment.

Note: Some swimmers may perform strokes with 2 limbs only.

Group C

- Single limb amputee/dysmelia.
- Single limb paralysis or severe joint restriction.
- Visual Impairment.
- Hearing Impairment.
- Learning Disability.
- Any others with a minimal impairment.



CONFIDENTIAL MEDICAL FORM

North West Regional Master Class

NAME: _____

ADDRESS:

TEL NO: _____

REGION: _____

Please complete below if appropriate:

I CONFIRM I AM SUBJECT TO EPILEPTIC FITS

MY SPOTTER IS:

**I CONFIRM THAT DUE TO MY MEDICAL CONDITION I REQUIRE SUPERVISION
WHILST IN COMPETITION**

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

FOR THOSE UNDER THE AGE OF 18 YRS.

Dear Parent/Guardian

It is imperative that your son/daughter has the necessary authority to obtain any urgent treatment which may be required whilst at the Master class. Could you therefore please complete the details below unless you will be present throughout the class.

Name:
Date of Birth:

Address:

I,being parent/guardian of the above named child hereby give permission for GreaterSport 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:
(consent by parent/guardian)

Full Name (Block Capitals):

Date:



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ALL SWIMMERS & STAFF ARE REQUIRED TO COMPLETE THIS FORM

CONFIDENTIAL MEDICAL FORM

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

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:..... Swimmer. Date



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