



Nationwide

Creating Champions Together

3rd ASA East Region 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
ASA License applied for**

LOCATION: Breckland Leisure Centre and Waterworld
Croxtan Road, Thetford, Norfolk, IP24 1JD

DATE: **Sunday 6th December 2009**

SESSIONS: Warm up: 14.00– 15.00
Championships: 15.00 – 18.00

FORMS MUST BE RETURNED TO:

**Rebecca Gilbertson
3 Briar Court, Loves Farm
St Neots, Cambs
PE19 6AY**

BY Friday 23rd October 2009

**NO FORMS WILL BE ACCEPTED AFTER THIS DATE
Cheques Made Payable to 'ASA EAST REGION'**



DSE is a division of the English Federation of Disability Sport

Promoter: ASA East Region

Lead Referee: Elizabeth Christian, ASA East Region, Disability Manager

Event Administrator: Rebecca Gilbertson,
3 Briar Court, Loves Farm, St Neots, Cambs, PE19 6AY
Tel: 07828 561653
Email: beckygilbertson@yahoo.com

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 / IPC CLASSIFICATION / UKSAPLD / INAS / UKDS and attach a copy of their FAC Card (both sides) or registration card. FAC cards will not need to be shown on the day.

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, S15, S17 swimmers need to be registered with their respective National Disability Sports Organisation i.e. UKSAPLD (14), UK Deaf Sport (15) or DSE (17). Swimmers that do not have a classification will be swum as guests and will swim for times only.

A classification team will be present at the championships; the team will be carrying out national classifications during the morning prior to the event. Those swimmers selected for classification will be contacted.

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

Swimmers from outside the Host Region

Swimmers from outside the East region are very welcome to enter this event for the purposes of gaining competition experience, but should entries exceed the capacity of the pool, then swimmers from within the East Region and then London 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 priority will also be given to these athletes.

Events

All individual events will be made up of people with similar entry times, in male and female events; irrespective of their age, or disability. This is done in order to make the events more competitive and increases the opportunity for swimmers to gain fast 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 will be given throughout the event.

This year we have introduced a 4x50 Open mixed Freestyle relay. 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.

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

The pool has vending machines and a cafe. 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. **Age as at 6th December 2009**

Pool side 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 (includes a programme and refreshments) 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. Cheques made payable to ASA East Region.

There will be a £3 charge on the day for spectators which will include a programme.

3rd ASA East Region Disability Swimming Championships

Supported by Nationwide

Sunday 6th December 2009
Breckland Leisure Centre and Waterworld, Thetford

Event Programme

All events will be female events followed by corresponding male event in mixed classification

| Event No | Classifications | Distance | Stroke |
|----------|----------------------------------|----------|-------------------|
| 1 & 2 | S6 - S15 / S17, B4 | 400m | Freestyle |
| 3 & 4 | S1-S15 / S17, B4 | 50m | Backstroke |
| 5 & 6 | SB4 - SB9 SB11 - SB15 / SB17, B4 | 100m | Breaststroke |
| 7 & 8 | S1- S5 | 25m | Freestyle |
| 9 & 10 | SB4 - SB17, B4 | 50m | Breaststroke |
| 11 & 12 | S8 - S15 / S17, B4 | 100m | Butterfly |
| 13 & 14 | SM1- SM4 | 75m | Individual Medley |
| 15 & 16 | SM5 -SM15 / SM17, B4 | 100m | Individual Medley |
| 17 & 18 | S1 - S5 | 25m | Backstroke |
| 19 & 20 | S1 - S17, B4 | 200m | Freestyle |
| 21 & 22 | S1 - S5 | 25m | Butterfly |
| 23 & 24 | S1 - S17, B4 | 100m | Freestyle |
| 25 & 26 | SM5 - SM15 / SM17, B4 | 200m | Individual Medley |
| 27 & 28 | SM1-SM4 | 150m | Individual Medley |
| 29 & 30 | S1 -S15 / S17, B4 | 50m | Freestyle |
| 31 & 32 | S4 - S15 / S17, B4 | 50m | Butterfly |
| 33 & 34 | SB1 - SB5 | 25m | Breaststroke |
| 35 & 36 | S1 - S15 / S17, B4 | 100m | Backstroke |
| 37 | Open | 4 x 50m | Freestyle Relay |





Creating Champions Together

ASA East Region Disability Swimming Championships Entry Form

NAME: _____ CLUB: _____

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

(All competitors should be 9 year or over Sunday 6th December 2009)

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 THE APPROPRIATE EVENTS. Maximum 4 events

| Event | Classifications eligible | Distance | Stroke | Submitted time |
|---------|----------------------------------|----------|-------------------|----------------|
| 1 & 2 | S6 – S15 / S17, B4 | 400m | Freestyle | |
| 3 & 4 | S1-S15 / S17, B4 | 50m | Backstroke | |
| 5 & 6 | SB4 – SB9 SB11 – SB15 / SB17, B4 | 100m | Breaststroke | |
| 7 & 8 | S1- S5 | 25m | Freestyle | |
| 9 & 10 | SB4 - SB17, B4 | 50m | Breaststroke | |
| 11 & 12 | S8 – S15 / S17, B4 | 100m | Butterfly | |
| 13 & 14 | SM1- SM4 | 75m | Individual Medley | |
| 15 & 16 | SM5 –SM15 / SM17, B4 | 100m | Individual Medley | |
| 17 & 18 | S1 – S5 | 25m | Backstroke | |
| 19 & 20 | S1 – S17, B4 | 200m | Freestyle | |
| 21 & 22 | S1 – S5 | 25m | Butterfly | |
| 23 & 24 | S1 - S17, B4 | 100m | Freestyle | |
| 25 & 26 | SM5 – SM15 / SM17, B4 | 200m | Individual Medley | |
| 27 & 28 | SM1-SM4 | 150m | Individual Medley | |
| 29 & 30 | S1 –S15 / S17, B4 | 50m | Freestyle | |
| 31 & 32 | S4 – S15 / S17, B4 | 50m | Butterfly | |
| 33 & 34 | SB1 – SB5 | 25m | Breaststroke | |
| 35 & 36 | S1 – S15 / S17, B4 | 100m | Backstroke | |
| 37 | Open | 4 x 50m | Freestyle Relay | |

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

Date

Entry fee £5 (Cheques payable to ASA East Region). The organisers reserve the right to reject incomplete or late entry forms and those with no payment. **Please send completed forms by Friday 23rd October to: Rebecca Gilbertson, 3 Briar Court, Loves Farm, St Neots, Cambs, PE19 6AY**

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



ASA East 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 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 East Region
- DSE confidential medical form
- Photocopy of FAC (both sides) or relevant classification registration card
- Photography
By entering the ASA East 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
- A cheque for £3 payable to ASA East Region
- DSE confidential medical form

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

Please send all completed forms to:

**Rebecca Gilbertson,
3 Briar Court, Loves Farm, St Neots, Cambs, PE19 6AY**

By Friday 23rd October 2009