

CP Sport National Swimming Championships

Sunday 7th April 2019

Harvey Hadden Sports Village

Wigman Road, Bilborough, Nottingham, NG8 4PB

The CP Sport National Swimming Championships 2019 are for swimmers at club level with cerebral palsy.

Closing Date

The closing date for entries is Friday 8th March 2019. **No late entries will be accepted.**

Please return entry forms and payment information to – jennifer.basford@cpsport.org or

Jennifer Basford

Unit 5 Heathcoat Building

Nottingham Science and Technology Park

University Boulevard

Nottingham

Nottinghamshire

NG7 2QJ

You will receive an email within 5 working days to acknowledge receipt of your entry.

Who is eligible to enter

Individuals aged 10 or above (as at the 31.12.19) who have a diagnosis of non-progressive brain damage with motor control dysfunction such as cerebral palsy, traumatic brain injury, stroke or similar conditions.

Participants who do not have the above stated diagnosis but have a physical disability may enter, where space allows, but will swim as a guest and will not be eligible to achieve medals.

Only entrants with a valid British Swimming or IPC Classification will be eligible to achieve medals. Entrants without a classification will swim as guests.

Competition Rules

Entrants must use recognised strokes, as defined by Fina. Details can be found at www.britishswimming.org and rules will be enforced.

Swimmers can enter a maximum of **5 events**.

All events will be heat declared winner. All events will be multi-classification.

Results will be separated into three age groups – A 10-14yrs, B 15-18yrs and Y 19yrs +. Medals will be awarded to the top three swimmers, per age group, closest to the World Record for their classification (calculated using British Para-Swimming Points).

Please note: British Records cannot be claimed at this event.

Unit 5, Heathcoat Building, Nottingham Science & Technology Park, University Boulevard, Nottingham, NG7 2QJ.

Telephone: 0115 925 7027. Email: info@cpsport.org

Find out more about the work of CP Sport at www.cpsport.org

A Limited Company registered in England and Wales, no 04181593. Registered office as shown. Registered Charity No: 1088600

Events

The events will be as below for all classes:

Session 1		Session 2	
<u>Warm up 9am / Start 9.45am</u>		<u>Warm up 12.30pm / Start 1.15pm</u>	
101	Mens 100 Freestyle	111	Mens 50 Backstroke
102	Womens 100 Freestyle	112	Womens 50 Backstroke
103	Mens 200 Individual Medley	113	Mens 200 Freestyle
104	Womens 200 Individual Medley	114	Womens 200 Freestyle
105	Mens 50 Breaststroke	115	Mens 100 Breaststroke
106	Womens 50 Breaststroke	116	Womens 100 Breaststroke
107	Mens 100 Backstroke	117	Mens 100 Butterfly
108	Womens 100 Backstroke	118	Womens 100 Butterfly
109	Mens 50 Butterfly	119	Mens 50 Freestyle
110	Womens 50 Butterfly	120	Womens 50 Freestyle

Registration

Upon arrival please register at the welcome desk and inform us of any withdrawals.

Spectators will be able to buy a programme for the day, raffle tickets will also be available to buy.

Poolside Pass

Teams may apply for a poolside pass for team coaches and helpers only. Parents are not allowed on poolside unless they are a designated team coach/helper. To apply for a poolside pass please contact Jennifer Basford – jennifer.basford@cpsport.org no later than the closing date for entries (8th March 2019) and include details of if you are a coach or personal helper and for which team/swimmer.

Photography

All entrants (or parent/guardian) must complete a photo consent form. Please see document below.

Anyone wishing to take still or moving images must register their device at the welcome desk, they will be issued with a sticker to place on the device to indicate registration has taken place.

Additional Information

The event will be long course (50m), 8 lane, with electronic timing. The depth of the water will be 2m throughout the pool and starting blocks will be in place. Swimmers wishing to start in the water may do so.

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Entry Form for Cerebral Palsy Sport National Swimming Championships 2019

First Name		Surname					
Address							
		Postcode					
Telephone		Mobile					
Email							
Date of Birth		Gender	<table border="1"> <tr> <td>Male</td> <td><input type="checkbox"/></td> <td>Female</td> <td><input type="checkbox"/></td> </tr> </table>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Male	<input type="checkbox"/>	Female	<input type="checkbox"/>				
Club		ASA membership number					
Classification							
Medical conditions							
CP Sport Member (Please delete)	Yes / No	CP Sport Membership No.					
Hoist required (Please delete)	Yes / No						

Event	50m Freestyle	100m Freestyle	200m Freestyle	50m Backstroke	100m Backstroke
Time					
Event	50m Breaststroke	100m Breaststroke	50m Butterfly	100m Butterfly	200m Ind. Medley
Time					

Max 5 events.

Declaration (This declaration must be signed and the appropriate entry fees must accompany this form): I declare that the above particulars are correct and agree to abide by the Promoter's conditions as laid down in the Information Sheet for this event.

Signature of Competitor.....(parent/guardian if under 18)

ENTRY FEES

MEMBERS: Total Number of Events Entered.....@£5.00 per event = Total

NON MEMBERS: Total Number of Events Entered.....@£7.00 per event = Total

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Would you like to become a FREE affiliate member and receive regular e-mail updates through our CP Sport newsletter?

Yes, I would like to receive free email updates

General Data Protection Privacy Statement

Cerebral Palsy Sport take your privacy seriously and we will only use your personal information to provide the services and products that you have requested from us.

We would like to keep in touch with you from time to time about the vital work we do for people with cerebral palsy, our participation opportunities, fundraising appeals as well as the services and products you can buy.

If you consent to us contacting you for this purpose, please tick to say how you would like us to contact you:

Post Email E- Newsletter Telephone
Text Message

We will never sell your data and we promise to keep your details safe and secure.

You can change your mind at any time by email info@cpsport.org or clicking the unsubscribe links if you no longer wish to receive our newsletters.

For further details of how your data is used and stored:

<http://www.cpsport.org/about-us/privacy-policy/>

Participant signature
(parent/guardian if under 18
years)

Date: _____

Why not take advantage of our Advanced Membership Scheme?

Sign up to CP Sport's Advanced Membership to receive:

- Reduced costs for many CP Sport events
- Invitation to members meetings and AGM

Already a member – Enter membership number: _____

To benefit from CP Sport membership discount I wish to apply for: (please ✓ appropriate box)

Annual Advanced Membership – Adult (18 years and over) £20

Annual Advanced Membership – Junior (Under 18 years) £15

Donations

Cerebral Palsy Sport relies on the kindness of people like you to help fund a programme of sporting events and activities for children, young people and adults with cerebral palsy. If you would like to make a donation to support more people with cerebral palsy to reach their potential through sport please tick box and state amount you would like to donate. Thank you.

I would like to help by donating £..... to Cerebral Palsy Sport.

I understand that I must have paid or will pay an amount of Income Tax and/or Capital Gains Tax in each tax year, that is at least equal to the tax that Charities & Community Amateur Sports Clubs (CASCs) I donate to will reclaim on my gifts. I understand that other taxes such as VAT and Council Tax do not qualify and that CP Sport will reclaim 25p of tax on every £1 that I give. If a UK taxpayer please tick here.

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Please see next page for how to pay

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Payment should accompany the application form (please tick your selected method of payment)

- I will be paying by Credit/ Debit card. Please fill out card details below.
- I will be paying by BACS payment- Please enter Reference here:.....
Bank details can be found below.

Credit/ Debit card payments (please enter card details below).

Card Number

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Card type: CREDIT / DEBIT

Cardholder's name:.....

Expiry:..... **Valid from:**.....

Address (if different from above)

.....

Issue no (switch cards).....

Security Number (last 3 digits on signature strip)

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Signature:

Date:.....

BACS payments

BACS Information: If making a BACS payment please ensure you fill out the reference above

BANK ACCOUNT NAME: C P SPORT

SORT CODE: 30 95 42

ACCOUNT NUMBER: 58689468

BANK: Lloyds Bank

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Photographic/Media Consent Form

Dear Participant / Parent / Guardian,

Please complete

Event entered:		Location:		Date:	
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At Cerebral Palsy Sport we produce a variety of different materials which we use to inform others about the work that we do. Occasionally these materials will include photographic images or videos of participants, the surrounding areas and on occasion parents and guardians. We use these materials to enhance our promotions and to illustrate the variety of work we achieve.

We also use images from our events on our website, through our official CP Sport social media channels, such as Facebook and Twitter, and in leaflets and other promotional materials which may include our printed publications; adverts; audio visual and electronic materials; media work; display materials; social media and any other media we may use in the future.

From time to time we may also allow use of photographic images and videos by third parties. These third parties will only be those with an official association with Cerebral Palsy Sport.

Please complete the form below, selecting carefully how you give your consent, to enable us to use these images and any personal information you supply alongside the images (such as a name, age and disability) to actively promote the work of Cerebral Palsy Sport.

The images will not be used for any other purpose.

Your details:

Name of participant		Surname	
Name of Parent/ Guardian (under 18yrs old only)		Surname	
Address			
		Postcode	
Telephone			
Email			

I consent to the use of photographic images or video footage for use by Cerebral Palsy Sport only	Yes / No
I consent to the use of photographic images or video footage for use by third parties officially associated with Cerebral Palsy Sport	Yes / No

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Please state here if there are any ways in which you do NOT want us to use photo(s) of you:

Signed or type if emailed		Date	
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IMPORTANT NOTICE:

Spectators (including parents, relatives and coaches) - spectators wishing to use photographic / film / video equipment with a telescopic or zoom lens need to register their intent and device with the organiser of the event by completing a self-declaration form.

General Data Protection Privacy Statement

Cerebral Palsy Sport take your privacy seriously and we will only use your personal information to provide the services and products that you have requested from us.

We will never sell your data and we promise to keep your details safe and secure.

You can change how we contact you at any time by email info@cpsport.org or clicking the unsubscribe links if you no longer wish to receive our newsletters.

For further details of how your data is used and stored: <http://www.cpsport.org/about-us/privacy-policy/>

For internal use only:			
Name of event			
Location of event		Date	
Image reference(s)			
Contact name		Contact phone number	

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