

Entry Form (Page 1)

Athletes Details:			
First Name:			Surname:
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Age at Event:
Phone Number(s):	Landline(s):		Mobile:
Email Address:			
Club:			
Classification or Membership No.	Special Olympics GB Number (SAM No.)		
	International (INAS) or UK (National)		
	ASA, SASA, WASA or Swim Ireland		

Please note that Athletes can enter a maximum of **four races** per day and Athletes competing in 25m races will not be permitted to enter any races of 100m or above.

Short Course – Saturday 1 September 2018

Event	Entry Time	Event	Entry Time
Example	00:00:30	50m Backstroke S	
25m Freestyle S		100m Backstroke S	
50m Freestyle S		200m Backstroke S	
100m Freestyle S		25m Butterfly S	
200m Freestyle S		50m Butterfly S	
400m Freestyle S		100m Butterfly S	
800m Freestyle S		200m Butterfly S	
25m Breaststroke S		100m Individual Medley S	
50m Breaststroke S		200m Individual Medley S	
100m Breaststroke S		400m Individual Medley S	
200m Breaststroke S		4 x 50m Freestyle Relay Mixed S	
25m Backstroke S		4 x 50m Medley Relay Mixed S	

Long Course – Sunday 2 September 2018

Event	Entry Time	Event	Entry Time
Example	00:00:30	50m Backstroke L	
50m Freestyle L		100m Backstroke L	
200m Freestyle L		50m Butterfly L	
800m Freestyle L		200m Individual Medley L	
50m Breaststroke L		4 x 50m Freestyle Relay Mixed L	
100m Breaststroke L		4 x 50m Medley Relay Mixed L	

Entry Form (Page 2)

Consent and Declaration:			
First Name:		Surname:	
I understand that the promoters require me to state any known medical conditions (and their management) that may compromise my safety in the water. I understand that swimmers with symptomatic Atlantoaxial instability (AAI) may not take part. I understand that if I fail to state any known medical condition and if this condition results in having to perform a rescue, I will automatically be deemed ineligible for the competition.			
Please check this box if you do not want your picture/video footage to be used to promote this event or future associated activity			<input type="checkbox"/>
Please state known medical conditions:			
If required please state who is the medical spotter:			
Eligibility			
I confirm that the above named individual has been diagnosed as having an intellectual disability and meets the Special Olympics GB eligibility criteria		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have Down's Syndrome?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Athletes with Down Syndrome			
Medical assessment states clear of AAI?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, does medical assessment give recommendation to allow diving?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, does medical assessment give recommendation to allow butterfly?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes and/or medical assessment gives recommendation to permit diving:	Assessment of dive start test (side)	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
	Assessment of dive start test (block)	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
		Assessment date:	
		Assessment date:	
Signatures			
Name of Coach:		Signature of Coach:	
Signature/Mark of Athlete:		Date:	
Signature of parent/guardian (if Athlete is under 18):		Date:	

In order to register you for our athletics we need to collect and store your personal data including your name and contact details. We will keep your information in a safe place. We will destroy it after 5 years unless you ask us to do so at an earlier date. We will not give your personal details to anyone outside of Mencap and the event organisers without your consent, unless we have to by law. You can read more about your rights by visiting our website and reading our privacy policy dated April 2018.

Please attach copies of current medical assessment certificates or letters etc. These must be signed and authorised by a medical practitioner and carry the stamp of the medical authority or surgery.

