



DSE NATIONAL MINI GAMES: NORTH

Leigh Sports Village
Sale way
Leigh
WN7 4JY

21st – 23rd May 2010

Day Entry Fee: **£20 per person**
This includes competition entry fee plus packed lunch on Saturday only.

Residential Entry fee: **£50 per person – 1 night residential**
£80 per person – 2 night residential
This includes entry fee plus meals and accommodation on site.

NB: All competitors must have a profile which may be a provisional profile that will then be confirmed at the event (see attached profile request form). We will need a profile for event co-ordination.

All new profile cards must be received in by no later than 23rd April 2010

If you have any queries regarding your entry please contact DSE HQ

Entry forms will not be accepted unless accompanied by the correct entry fee.

PLEASE RETURN ENTRY FORMS BY 23RD APRIL 2010
DISABILITY SPORT EVENTS
BELLE VUE CENTRE
PINK BANK LANE
MANCHESTER
M12 5GL

SUPPORTED BY





COMPETITION INFORMATION & PROVISIONAL TIMETABLE

Friday 21st May

16:00 – 17.00	REGISTRATION – THE LEGENDS BAR
16:30 – 18.00	DINNER FOR RESIDENTS – PARK INN HOTEL
18:00 – 21.00	'HAVE-A-GO' INDOOR GAMES
19.00 – 21.00	WHEELCHAIR RUGBY LEAGUE EXHIBITION GAME + TASTER SESSIONS LED BY RFL COACHES, LEIGH CENTURIONS + WIGAN WRL TEAM
21:00	TEAM MANAGERS MEETING

Saturday 22nd May

08.30	DAY ENTRY REGISTRATION – THE LEGENDS BAR
09:30	WELCOME AND EVENT OPENING
09:45 – 12.00	BOCCIA / NAK / POLYBAT – SPORTS HALL
12.00 – 13.00	LUNCH
13.00 – 16.00	ATHLETICS – ATHLETICS ARENA
14.00 – 16.00	SWIMMING: AQUASPLASH
16.00 – 17.00	SWIMMING: COMPETITION
17:30	PRESENTATIONS
18.00 – 19.00	EVENING MEAL (FOR THOSE TEAMS STAYING OVER)
20.00	DISCO

SUNDAY 23rd May

09.30 – 12.00	INDOOR GAMES
12.00	LUNCH

Each child and all schools will receive a certificate and a team trophy will be awarded.

JUNIOR BURSARIES SPONSORED BY NATIONWIDE

Bursaries will also be awarded as follows:

- **Outstanding Girl**
- **Outstanding Boy**
- **Outstanding Team**

These trophies and bursaries will be awarded for sportsmanship with particular reference to; effort, enthusiasm, skill levels in relation to physical ability / classification, dress of the whole group / team, manners and social interaction of the individuals / team throughout the weekend and rule-keeping



ACCOMMODATION & CATERING REQUEST FORM

School/Club:_____

Please submit this sheet even if you are not staying overnight. In particular please order any Saturday lunches you require. If you do require accommodation please specify, copy this sheet where necessary.

Some schools have permission for mixed accommodation so please let us know if your school's policy differs from this as it may affect rooming lists.

[illegible]



Disability Sport Events

[illegible]

Please state total number of rooms required:

DSE WILL ONLY ARRANGE BOOKINGS IF THE ENTRY FORM IS ACCOMPANIED BY THE FULL PAYMENT

Please make cheques payable to: Disability Sport Events

COSTING FORM

	Escorts	Competitors	Cost	Total
Day Entry Fee Only			@ 20	
1 night residential			@ £50 (Includes entry)	
2 night residential			@ £80 (Includes entry)	
			TOTAL	

REFUNDS FOR NATIONAL CHAMPIONSHIPS

If a competitor / escort withdraws from a National Championships more than two weeks before the Championships a full refund will be given, on the provision that Disability Sport Events incurs no costs.

If a competitor/escort withdraws less than two weeks before the Championships **NO** refund will be given.

All withdrawals should be notified to the National Events Office as soon as possible, and should then be confirmed in writing.

PLEASE NOTE THAT NO ENTRIES WILL BE ACCEPTED UNLESS ACCOMPANIED BY THE CORRECT ENTRY FEE.

TEAM MANAGER'S INFORMATION AND DECLARATION

School: _____

Name: _____

Address: _____

Post code: _____

Tel: (landline) _____ **Tel: (Mob)** _____

Fax: _____

E-mail: _____

As the Team Manager for _____ (state Region / School / Team), I have read and understood the Notes and Rules relating to the above DSE National Championship. I am aware of my duties as Team Manager as stated in Section 3.6 of the Rules and Procedures Handbook.

I have ensured that all members of my team are fully aware of the said Notes, Rules and Codes of Conduct.

Signed: _____ **Date:** _____

PLEASE NOTE: Pre-event information will **ONLY** be sent to the Team Manager. It is their responsibility to furnish team members with relevant information. If you would like pre-event information to be sent to anyone other than the Team Manager please give full details.

Please fill in this form to receive confirmation of your entry to the National Mini Games 2010

Name and Address:	No. Attending		Total amount enclosed
	Cops	Escorts	
			£
			Signed as received
			HQ

Mini Games Entry Form

SCHOOL				ONLY 2 FIELD EVENTS			TRACK										TABLE TENNIS / POLYBAT		NEW AGE KURLING	Friday		Sunday
				Cricket Ball Throw or Ramp		Precision Club OR Bean Bag (not both)														RFL WHC Rugby League	'Have- a-go games'	Indoor Games
Name		M/F	Profile	Field Grp 1-13	Throw	Ramp	Dist Club	Club	Bean Bag	Track Grp 1-13	Man W/Chair Slalom	60m Run	60m W/Chair	60m Stick	60m Rollator	Electric Wchr Slalom Power – P Co-ordination – C Others – O	Partner	AMB / WHC	Group 1-6 Please specify	Please tick	Please tick	Please Tick
4 x 60m W/Chair relay (M)			4 x 60m Run relay(M)			3 x 60m Mixed relay					4 x 60m W/Chair relay (F)											

ALL SPORT SPECIFIC INFORMATION CAN BE FOUND IN THE MINI GAMES RULES AND PROCEDURES RECEIVED WITH THIS ENTRY INFORMATION

MINI GAMES – SWIMMING ENTRY FORM

COMPETITORS WISHING TO PARTICIPATE IN AQUASPLASH OR THOSE USING A FLOTATION DEVICE PLEASE USE THE TABLE BELOW:

[illegible]

IF THE COMPETITOR HAS A SWIMMING (S) CLASSIFICATION I.E. S1- S17 OR IF THE COMPETITOR IS A COMPETENT SWIMMER BUT HASN'T COMPETED IN COMPETITIVE SWIMMING PLEASE USE THE TABLE BELOW:

PLEASE TICK EVENT OR INPUT A TIME THAT THE COMPETITOR CAN COMPLETE THE RACE

[illegible]



BOCCIA ENTRY FORM

[illegible]



DSE BEHAVIOUR PROMISE

6 - 12 YEAR OLDS

I promise to behave in the best way that I can

I promise to:

1. Behave in a polite way to everyone
2. Stay in my room/dormitory unless I am with a member of my staff

I promise not to:

1. Use bad language
2. Be unkind to anyone
3. Wander off without a member of my staff

If I feel worried about anything I promise to tell a member of my staff straight away.

I have read this promise with my parent/guardian.

I understand how I should behave.

Signed: _____ **Dated:** _____



ESCORT AND COACHES SELF DECLARATION FORM

You have a right of access to information held on you and other rights under the Data Protection Act 1998

PART A

Title	First Name	Surname	Any previous names by which you may have been known
Address: Postcode: Telephone Number(s): Email address:			

Postcode MUST be completed

DATE OF BIRTH

--	--	--	--	--	--

SEX	M		F	
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Current Club(s)	Position	Start Date
	Coach/Helper/Team Manager/Other*	
	Coach/Helper/Team Manager/Other*	
	Coach/Helper/Team Manager/Other*	

*Please delete as appropriate

PART B

Self Declaration (for completion by the individual named in Part A)

1. Have you ever been convicted of any criminal offences?

YES / NO*

If YES, please supply details of any criminal convictions:

.....
.....

NOTE: You are advised under the provisions of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 as amended by the Rehabilitation of Offenders Act 1974 (Exceptions Amendment) Order 1986 you should declare all convictions including 'spent' convictions, cautions, warnings and reprimands.

2. Are you a person known to any social services department as being an actual or potential risk to children?

YES / NO*

If YES, please supply details:

.....

3. Have you had a disciplinary sanction (from a sport, or other organisation's governing body) relating to child abuse?

YES / NO*

If YES, please supply details:

.....

Signed by the above named individual:

Print name Date

THIS FORM SHOULD BE RETURNED TO DSE ALONG WITH ENTRIES



SPOTTER FORM

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

**TO BE COMPLETED BY ALL COMPETITORS UNDER THE AGE OF 18 YRS ON
THE FIRST DAY OF COMPETITION.**

Dear Parent/Guardian

It is imperative that the Team Manager accompanying your son/daughter has the necessary authority to obtain any urgent treatment which may be required whilst at the DSE National Competition. Could you therefore please complete the details below and return to your team manager. You are advised to take a copy.

Name:

DOB:

Address:

I,being parent/guardian of the above named child hereby give permission for the Team Manager 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:

DSE CONFIDENTIAL MEDICAL FORM

ALL STAFF & COMPETITORS ARE REQUIRED TO COMPLETE THIS FORM

PLEASE PRINT

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"/>	Next of Kin/ Emergency Contact Name:..... Relationship:..... Address..... Tele: Home..... Tele: Work..... Tele: 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:..... Date To be signed by the parent/guardian of any competitor under the age of 18 years.		



DSE NATIONAL MINI GAMES

PROFILING REQUEST SHEET

Profiling will be taking place on Saturday from 10am

Please fill in the form below and return it with your entry form so we can get an idea on numbers. A classifier will be present at the Team Managers Meeting to co-ordinate requests.

[illegible]



PHOTOGRAPH / FILM FOOTAGE CONSENT FORM

Name of Event: **DSE National Mini Games North: 21st – 23rd May 2010**

It is intended to take photographs at the above event.

Please sign the appropriate sections and return with entry forms

Section One: To be completed by an appropriate representative of the subject taking part in the event if permission has been granted by the subject's parents/carers: (please print)

Name:

Tel:

Address:

Please sign this statement

I hereby grant/do not grant (delete as applicable) DSE the absolute right to use the images resulting from this photo/film shoot. This includes any reproductions or adaptations of the images for all general publicity purposes.

Signature: _____ Date: ____/____/____

Section Two: To be completed by a parent / carer of person to be photographed

Name (please print):

Address:

Please sign this statement

I hereby grant / do not grant (delete as applicable) DSE the absolute right to use the images resulting from photography at the event mentioned above. This includes any reproductions or adaptations of the images for all general publicity purposes.

Signature: _____ Date: ____/____/____