

Midland Para-Swimming Autumn Championships

Licence no TBC

EVENT INFORMATION PACK

Run under ASA/IPC Swimming Rules

LOCATION: The Queen's Diamond Jubilee Centre
Bruce Williams Way
Rugby
Warwickshire
CV22 5LJ

DATE: Saturday 21st October 2017

REGISTRATION: 4.30pm

WARM-UP: 5pm – 6pm

SESSIONS: 6pm – 9pm

ENTRY FORMS MUST BE RETURNED TO:

Swim England, Unit 7 Basepoint Business Centre, Isidore Road,
Bromsgrove Enterprise Park, Bromsgrove, Worcs B60 3ET

CLOSING DATE FOR ENTRIES: 29th September 2017

CLOSING DATE IF SWIMMERS REQUIRE CLASSIFICATION: 8th September 2017

CHEQUES PAYABLE TO: Midland Championships

CONTACT FOR QUERIES:

Carl Cooper Tel: 07799 656412 Email: carl.cooper@swimming.org

Dave White Tel: 07584 025154 Email: dave.white@swimming.org

Regional Office Tel: 01527 888929

Email: westmidland@swimming.org or eastmidland@swimming.org

Classification

This competition is open to any swimmer with a disability, physical, sensory or learning disability.

Swimmers should indicate on their entry form their relevant:

- IPC classification
- British Swimming classification
- UKSA or INAS classification (accompanied by relevant number)
- UK Deaf Sport classification
- British Blind Sport classification
- Where swimmers are on the classification waiting list please enter W/L.

If anyone requires any assistance in the area of classification please contact **Carolyn Wade at the National Disability Swimming Office** on [0161 244 5332](tel:01612445332) or email classification@swimming.org.

Those swimmers who are called for classification but are deemed not eligible (with no review by a second team) will not be allowed to compete at the competition. Those who cannot complete the classification process and are invited back at another time will still be able to compete.

Swimmers from outside the Host Regions

Swimmers from outside the West Midland and East Midland Regions are very welcome to enter the event for the purposes of gaining competition experience, but should entries exceed the capacity of the pool, then swimmers from within the West Midland and East Midland Regions will take preference.

Events

All individual events will be made up of people with similar entry times, 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 faster 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 within each grouping will be provided after the event and will be made available online.

S15 swimmers will compete within their own classification band with medals being awarded using the '-1' rule if required based on the number of competitors entered.

Epilepsy

A responsible adult who knows the swimmer's condition should accompany them. This person must act as a "spotter" on the poolside while the swimmer is in the water.

Refreshments

There is a café at the Leisure Centre which provides drinks and hot and cold snacks. It is advisable that athletes bring their own food and drinks, as suggested to them by their coaches, and where necessary, subject to their own dietary requirements.

Medals

Medals will be awarded for the first three places to Midland swimmers, made up of East Midland and West Midland Regions, in each event based on Para-Swimming points, providing that three swimmers compete. In this instance the '-1 Rule' will be used with the number of medals awarded determined by subtracting 1 from the number of competitors.

Poolside Access

Only team managers, coaches and escorts that have poolside passes will be able to gain access to the poolside; access will be strictly monitored.

Classes S1-4 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 can be collected on the day of competition. All team managers, coaches and escorts must complete a self-declaration form in order to receive a poolside pass.

Entry fees

There will be an £6 entry fee per event per swimmer.

Entry fees should be paid with the entry form with cheques payable to '**Midland Championships**'.

There will be a small charge on the day for spectators.

Officials

We are always in need of officials for these events please indicate on the entry form if you would be available to officiate at this event.

A Disability Officials course will be held from 12 noon.

Please contact 01527 888929 or email westmidland@swimming.org to book a place.

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Warm up 5pm

Start time 6pm

Event Programme

Event No	Suggested events for the following classifications	Distance	Stroke
1/2	S1-S13	100m	Freestyle
3/4	SB1 - SB3	50m	Breaststroke
5/6	SM5 - SM14	200m	Individual Medley
7/8	S1 - S5	50m	Backstroke
9/10	S8 - S14	100m	Butterfly
11/12	S1 - S13	50m	Freestyle
13/14	Event open to SM1 - SM4 only	150m	Individual Medley
15/16	SB4 - SB14	100m	Breaststroke
17/18	S1 - S7	50m	Butterfly
19/20	S6 - S14	100m	Backstroke
21/22	S1 - S5 & S14	200m	Freestyle
23/24	S6 - S13	400m	Freestyle

- **All events will be swum mixed classification.**
- **Swimmers can compete in any event but those with a classification S1 – S14 are advised to swim those events that are IPC recognised events for their classification in order to gain qualifying times for Para-Swimming Programmes and Competitions.**
- **Entry fee: £6 per event per swimmer. Cheque payable to 'Midland Championships'. Competitors with a FAC should present this prior to swimming.**
- **The organisers reserve the right to reject incomplete or late entry forms and those with no payment.**

Completed forms should be sent to:

Swim England, Unit 7, Basepoint Business Centre, Isidore Road, Bromsgrove Enterprise Park, Bromsgrove B60 3ET.

CLOSING DATE FOR ENTRIES: 29th September 2017

CLOSING DATE IF SWIMMERS REQUIRE CLASSIFICATION: 8th September 2017

Entry Form 2017

NAME: _____ CLUB: _____

ADDRESS: _____

_____ POSTCODE: _____

D.O.B: _____ AGE ON DAY: _____ SEX: M / F

EMAIL ADDRESS: _____

TEL NO: _____

CLASSIFICATION S___ SB___ SM___ REGISTRATION NUMBER: ASA / SASA / WASA _____
 UKSA/INAS Reg No (or date of application) _____

All S14 swimmers need to have been registered with UKSA or INAS-FID at the time of entry or have made an application in the last 12 months.

MEDICAL INFORMATION _____

EPILEPSY YES / NO

ANY INDIVIDUAL NOTES or REQUIREMENTS – note below / over

PLEASE INDICATE WHICH EVENTS YOU WISH TO ENTER: AS FAR AS POSSIBLE TIMES WILL BE AUTOMATICALLY DOWNLOADED FROM GB RANKING BY THE ENTRY COORDINATOR. IF NO RANKED TIME EXISTS THEN PLEASE SUBMIT A TIME WHICH MUST BE AS ACCURATE AS POSSIBLE BASED ON CURRENT PERFORMANCE.

EVENTS AVAILABLE	SUGGESTED EVENTS FOR THE FOLLOWING CLASSIFICATIONS	TIME
50M FREESTYLE	S1 - S13	
100M FREESTYLE	S1-S13	
200M FREESTYLE	S1 - S5 & S14	
400m FREESTYLE	S6 - S13	
50M BACKSTROKE	S1 - S5	
100M BACKSTROKE	S6 - S14	
50M BREASTSTROKE	SB1 - SB3	
100M BREASTSTROKE	SB4 - SB14	
50M BUTTERFLY	S1 - S7	
100M BUTTERFLY	S8 - S14	
150M I.M.	SM1 - SM4 ONLY	
200M I.M.	SM5 - SM14	

I CONFIRM I ACCEPT THE PROMOTERS CONDITIONS FOR THE EVENT

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

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

Officials: I am available if required for this event. Name: _____

Coach / Team Manager / Escort Poolside Pass request

Please fill in contact details below:

Contact Name:	Club:
Address:	
	Phone Number:
Post Code:	Email:

*I require 1 poolside pass for swimmers S1 – S4 and S11 – no charge

*I require 1 poolside pass for swimmers S6 – S10 and S12 – S15 and enclose a cheque for £3 payable to **'Midland Championships'**.

*please delete as appropriate.

All applications must include a self-declaration form and a medical form per person per pass. No person without a poolside pass will be able to gain access to the poolside other than the spectator area. All poolside passes can be collected on the day of competition.

I certify that all the above details are correct and that I will abide by the promoter's conditions.

Signed: _____ **Date:** _____