



DSE NATIONAL MINI GAMES: SOUTH

Stoke Mandeville Stadium,
Guttmann Road,
Stoke Mandeville
HP21 9PP

7th – 9th May 2010

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

Residential Entry Fee: **£35 per person – 1 night residential**
£50 per person – 2 night residential
This includes entry fee plus meals and accommodation on site.

WE ARE ONLY ABLE TO OFFER 1 ROOM IN THE LODGE PER SCHOOL / CLUB

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 9th 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 9TH APRIL 2010
DISABILITY SPORT EVENTS
BELLE VUE CENTRE
PINK BANK LANE
MANCHESTER
M12 5GL

SUPPORTED BY



GYMKIDS



ENTRY INFORMATION

COMPETITION INFORMATION & PROVISIONAL TIMETABLE

Friday 7th May

16:00 ONWARDS	REGISTRATION
17:00 ONWARDS	DINNER
18:30 – 21.30	ZONAL TAG RUGBY TASTER SESSIONS LED BY RFU COACHES Adapted version open to all disabilities, rules available on the DSE web-site
	'HAVE-A-GO' INDOOR GAMES + GYM KIDS EQUIPMENT
21:00	TEAM MANAGERS MEETING – Room 7 in the Lodge

Saturday 8th May

10:00 – 12:30	TRACK & FIELD ATHLETICS PLUS ELECTRIC WHEELCHAIR SLALOM Competitors may take part in 2 field events plus any relevant track events. Electric Wheelchair Slalom is a track event and will be held in the sports hall
12:30 – 13:15	LUNCH Lunch can be collected from the cafeteria. Competitors and escorts must have accreditations in order to collect lunches.

INDOOR SPORT – SPORTS HALL

13:45 – 15:30	BOCCIA OR POLYBAT / TABLE-TENNIS
15:45 – 17:15	SWIMMING OR NEW AGE KURLING
17:30	PRESENTATIONS
17:30-18:30	EVENING MEAL (FOR THOSE TEAMS STAYING OVER)
19:30	DISCO

SUNDAY 9th May

09:30 – 11:00	INDOOR GAMES
11:00	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



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

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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.		



PHOTOGRAPH / FILM FOOTAGE CONSENT FORM

Name of Event: **DSE National Mini Games South: 7th – 9th 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: ____/____/____