



British Gas Swim Wales

SUMMER NATIONALS 2010

Incorporating Multi Disability Events

(under IPC Technical Rules & Swim Wales Laws)

Tuesday 3rd – Sunday 8th August
(All session times to be confirmed)

Meet License No. 10WL1-008

WALES NATIONAL POOL SWANSEA

EVENT INFORMATION & ENTRY FORMS

Swimmers will not be permitted to enter any event at this meet that they have a qualifying time for at the 2010 ASA Age Group & Youth National Championships. Swimmers may enter any event they do not have a qualifying time in at the 2010 ASA Age Group & Youth National Championships

2010 BRITISH GAS SWIM WALES SUMMER NATIONALSMULTI DISABILITY (50m) OPEN MEET CONDITIONS

Date: 3rd – 8th August 2010

Venue: Wales National Pool, Sketty Lane, Swansea, SA2 8QG

Facilities: 8-lane competition pool, seating available for 1100 competitors and spectators.

Eligibility:

1. Entries will be accepted from competitors registered as members of Swim Wales, Scottish Swimming, the ASA or one of the Countries affiliated to FINA.
2. Entries from overseas competitors will be accepted providing that they have a classification that is listed on the IPC website (S1-S13) on the closing date of entries. No overseas entries will be accepted unless their classification can be ratified from the IPC website.
3. Entries from overseas competitors must be accompanied by a letter from their NPC/National Swimming Federation giving permission to compete at this event.
4. All competitors must be at least 10 years of age on 8th August 2010.
5. Entries from S1-S15 & S17 competitors will be accepted. Swimmers should indicate on the entry form their British Swimming / IPC / UKSAPLD / INAS-FID / UKDS classification. S17 classifications must be confirmed with DSE.
6. This event will be held under IPC Technical Swimming Rules and Swim Wales promoters conditions

Entries will be returned for the following reasons:

- They are received without the relevant fee
- They are not made on the official form
- Incorrectly completed medical forms
- Improved Entries
- Received after the closing date

Entry Fee: £7.50 per event. All cheques must be made payable to: "Swim Wales" and crossed.

Entry Times: There are no qualifying times for this event, however swimmers are only eligible to compete in **EITHER** the AB events (if they have the relevant qualifying times) **OR** the Disability events but cannot enter both.

Events: Heats will be seeded by entry times and not by classification. All events will be heat declared winner, there will be no finals.

Withdrawals: All withdrawals must be notified to the meet office by 5.00pm on the day before competition. All withdrawals must be made by using the forms provided. Swimmers failing to comply with the above (except in the case of a genuine illness or proven emergency) will be liable to a £10 fine for each inappropriate withdrawal.

Medals: Medals will be awarded to 1st, 2nd and 3rd placed swimmers male and female, calculated on British Disability Points. (Points are awarded to each swimmer in relation to how close they are to their classification world record in each event). If less than four swimmers participate in any one event, then a minus one ruling shall apply. If only one swimmer participates then that swimmer shall be awarded a medal providing they have improved upon their entry time.

TV, Video or Close Range Photography: When the competition involves young persons and vulnerable adults it shall be a requirement that staff shall be appointed at the entrance control to register details of any persons wishing to engage in any video, zoom or close range photography.

Safety: All competitors are required to ensure that they observe all safety announcements and conduct themselves with safety in mind at all times.

Spectators

Admission charges

- £4 per session including free entry into finals
 - £7.00 Per day
 - £35.00 per Meet pass.
 - (Children Under 16 / Senior Citizens ½ price)
- Programmes will also be available for purchase

Coaches/Chaperones/support staff accreditations: All Coaches and Chaperones must have relevant accreditation. Applications for coach/chaperone passes must be made on the official form enclosed in the information pack. All coaches, chaperones and support staff must be a registered member of SWIM WALES/ASA/ or the SASA and be registered on their home countries child protection database or a member of their NPC/National Swimming Federation. Personal care attendants will only be permitted for swimmers in the following classes S1, S2, S3, S4 and S11. Such attendants will be excluded from any restrictions and will be given the same accreditation as the swimmer for whom they have personal care responsibilities. A swimmer in these classifications may have both a coach and a personal care attendant in attendance.

The Accreditation fee for a Coach/Chaperone pass is £12.50 per person. One additional Support Staff for S1, S2, S3, S4 and S11 will be allowed free of charge.

ENTRY FORMS & APPLICATIONS FOR COACH/CHAPERONE PASSES MUST BE RETURNED BY NO LATER THAN 5PM ON MONDAY 21ST JUNE 2010 TO:

**EVENTS OFFICE
SWIM WALES
WALES NATIONAL POOL
SKETTY LANE
SWANSEA
SA2 8QG**

NO FORMS WILL BE ACCEPTED AFTER THIS DATE

FOR FURTHER ENTRY FORMS PLEASE GO TO www.welshasa.co.uk or call 01792 513638

For full terms and conditions of this meet please see main entry pack available on the following link:

http://www.welshasa.co.uk/docs/Entry%20Pack_11.pdf



**BRITISH GAS SWIM WALES SUMMER NATIONALS
INCORPORATING MULTI DISABILITY EVENTS
SCHEDULE OF EVENTS**

3RD – 8TH August 2010

Tuesday 3 rd August			Wednesday 4 th August			Thursday 5 th August		
Session 1			Session 4			Session 7		
1&2	Y	50 Breaststroke	18&19	Y	100 Backstroke	32&33	Y	100 Breaststroke
3&4	MD	100 Freestyle	20&21	AG	400 Freestyle	34&35	AG	200 Backstroke
5&6	AG	200 Ind Medley				36&37	MD	100 Butterfly
7&8	MD	50 Butterfly				38&39	Y	50 Butterfly
9&10	Y	200 Butterfly						
Session 2			Session 5			Session 8		
11&12	AG	100 Backstroke	22&23	Y	50 Freestyle	40&41	AG	100 Freestyle
13&14	MD	100 Breaststroke	24&25	AG	100 Breaststroke	42&43	Y	800 Freestyle
15&16	Y	1500 Freestyle	26&27	MD	100 Backstroke	44&45	MD	50 Freestyle
17	Y	Boys 200 Medley Relay	28&29	Y	200 Ind Medley	46&47	AG	200 Medley Relay
			30	Y	Girls 200 Medley Relay			
			31	AG	Boys 200 Freestyle Relay			
Session 3 Finals			Session 6 Finals			Session 9 Finals		
1&2	Y	50 Breaststroke	18&19	Y	100 Backstroke	32&33	Y	100 Breaststroke
5&6	AG	200 Ind Medley	22&23	Y	50 Freestyle	34&35	AG	200 Backstroke
9&10	Y	200 Butterfly	24&25	AG	100 Breaststroke	38&39	Y	50 Butterfly
11&12	AG	100 Backstroke	28&29	Y	200 Ind Medley	40&41	AG	100 Freestyle

Male Events will be swum before female events.

Individual Events - Age as at last day of meet



**BRITISH GAS SWIM WALES SUMMER NATIONALS
INCORPORATING MULTI DISABILITY EVENTS
SCHEDULE OF EVENTS
3RD – 8TH August 2010**

Friday 6 th August			Saturday 7 th August			Sunday 8 th August		
Session 10			Session 13			Session 16		
48&49	Y	50 Backstroke	63&64	Y	400 Freestyle	75&76	AG	800 Freestyle
50&51	MD	50 Backstroke	65&66	AG	400 Ind Medley	77&78	Y	200 Backstroke
52&53	AG	1500 Freestyle						
Session 11			Session 14			Session 17		
54&55	AG	200 Butterfly	67&68	Y	200 Breaststroke	79&80	AG	100 Butterfly
56&57	MD	50 Breaststroke	69&70	AG	200 Freestyle	81&82	Y	400 Ind Medley
58&59	Y	200 freestyle	71&72	Y	100 Butterfly	83&84	AG	200 Breaststroke
60&61	MD	200 Ind Medley	73&74	Y	200 Freestyle Relay	85&86	Y	100 Freestyle
62	AG	Girls 200 Freestyle Relay						
Session 12 Finals			Session 15 Finals			Session 18 Finals		
48&49	Y	50 Backstroke	67&68	Y	200 Breaststroke	77&78	Y	200 Backstroke
54&55	AG	200 Butterfly	69&70	AG	200 Freestyle	79&80	AG	100 Butterfly
58&59	Y	200 freestyle	71&72	Y	100 Butterfly	83&84	AG	200 Breaststroke
						85&86	Y	100 Freestyle

Male Events will be swum before female events.



**2010 BRITISH GAS SWIM WALES SUMMER NATIONALS MULTI DISABILITY (50m)
COACH, CHAPERONE AND SUPPORT STAFF APPLICATION FORM
(PLEASE COMPLETE IN BLOCK CAPITALS)**

Full Name: _____

Position (Coach, Chaperone, Support Staff): _____

Email: _____

Address: _____

_____ Postcode: _____

Contact Number: _____ Registration Number: _____

CRB Number: _____

Please note only members affiliated to Swim Wales/Scottish Swimming/ASA or a member of a FINA affiliated country will be eligible for a coaches pass.

PLEASE SEND A PASSPORT SIZED PHOTO FOR EACH PASS OR EMAIL A HEAD AND SHOULDERS SHOT TO events@welshasa.co.uk

ONLY APPLICATIONS WITH A PHOTOGRAPH WILL BE ACCEPTED.

NO PASSES WILL BE AVAILABLE ON THE DAY THEY MUST BE PURCHASED BEFOREHAND.

THERE WILL BE NO ACCESS TO THE POOLSIDE WITHOUT A POOLSIDE PASS.

All completed forms to be returned to the Events Office, Swim Wales, Wales National Pool, Sketty Lane, Swansea SA2 8QG

CLOSING DATE: Monday 21st June 2010



**2010 BRITISH GAS SWIM WALES SUMMER NATIONALS MULTI DISABILITY (50m)
MEDICAL FORM**

If your medical condition requires you to have a spotter please complete this form and return to:
Events Office, SWIM WALES, Wales National Pool, Sketty Lane, Swansea. SA2 8QG.

Name: _____

Address: _____

_____ **Postcode:** _____

Email: _____ **Contact No:** _____

Please complete below as 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 the pool

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 (if under 18): _____

**Closing date for all entries is Friday 22ND June 2010. Entries received after this deadline
will be rejected**



**2010 BRITISH GAS SWIM WALES SUMMER NATIONALS MULTI DISABILITY (50m)
CONFIDENTIAL MEDICAL FORM. PLEASE PRINT
(ALL SWIMMERS ARE REQUIRED TO COMPLETE THIS FORM)**

REGION / Home Country:

MALE / FEMALE (DELETE AS APPROPRIATE)

SWIMMER / STAFF (DELETE AS APPROPRIATE)

Surname.....

Forename.....

Date of Birth

Address:.....

.....Postcode:.....

Tel: Home:Work:

Email:.....

GP's Details:

Name:

Address.....

.....

Tele:

Next of Kin/ Emergency

Contact Name:

Relationship:

Address.....

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Tele:.....Home.....

Work.....Mobile.....

DISABILITY: Please include medical details relating to disability (e.g. C6 Tetraplegia)

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)

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REGULAR MEDICATION AND DOSAGE (include inhalers).....

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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:Date:

Signature: Parent/Guardian

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