LimbPower will be hosting the Junior Games at Stoke Mandeville Stadium, Aylesbury on **30th September 2017**. Entry and Payment forms are available on the LimbPower website. Completed forms should be returned to LimbPower by **Friday 8th September 2017**.

The Junior Games is open to young people aged 5-18 with a physical impairment. The games will provide your child with the opportunity to receive coaching in a number of sports. The Sports on offer will include Wheelchair Basketball, Track and Field Athletics, Cycling, Sitting Volleyball, Tennis, Badminton, Football and Archery. There will also be a climbing wall at this year’s event. \*This programme is subject to change.

Siblings of participants are welcome to come along and where possible will be included in the activities. Please complete a registration form for each sibling who is attending.

The sessions will take place on **Saturday 30th September 2017.**

**Costs**

£10 Entry fee per child (includes a packed lunch).

LimbPower will not provide lunch for parents or carers, only the children who have paid the Games Entry Fee. Meals and refreshments can be purchased at the cafe in the stadium.

**Accommodation**If required, will be available on Friday night at the Olympic Lodge, Stoke Mandeville Stadium. You will need to book this directly with the venue and not through LimbPower. <http://www.stokemandevillestadium.co.uk/accommodation/>

**Spectators**  
If you are bringing friends or family to the games to support you please ask them to complete the Spectator Registration Form.

If you need any further information, please do not hesitate to contact LimbPower on 07503 030702 or e-mail andy@limbpower.com.

Final event details will be sent two weeks prior to the event. We look forward to welcoming you to the Games.

Kiera Roche

CEO LimbPower

Entry Form

To be returned by 8th September 2017. Either email the completed form to [suzanne@limbpower.com](mailto:suzanne@limbpower.com) or send a cheque with this form to the address at the bottom of the page. You will receive acknowledgement of your payment.

Please complete in block capitals and in full

**Participant details**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title |  | Surname |  | | | | First name(s) | | |  |
| Address |  | | | | | | | | | |
|  | | | | | | Post Code | | |  | |
| Telephone | |  | | | | | | | | |
| Date of birth | | **/ /** | | Age | | | |  | | |
| Email | |  | | | | | | | | |
| Date of Impairment | |  | | | Male/Female | | | | | |
|  | |  | | | | | | | | |
| Brief description of impairment:  Please indicate if you use a manual wheelchair, power wheelchair, prosthesis or crutches:  Powered □ Manual □ Prosthesis □ Crutches □ | | | | | | | | | | |

**Parent/Guardian/Personal Assistant contact details**

A responsible Parent/Guardian/Personal Assistant must accompany all participants.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Title |  | Surname |  | | First name(s) | |  |
| Address |  | | | | | | |
|  | | | | | Post Code | |  |
| Tel |  | | | Mobile | |  | |
| Email |  | | | | | | |

Children attending the Junior Games are the legal responsibility of their parents or carer and as such parents are expected to accompany their children at all times while onsite at the Games. LimbPower staff, trustees and volunteers are not acting in “loco parentis” and do not take on the responsibility of looking after children.

**Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

LimbPower greatly value your support and would like to keep you informed about future events.

Please tick the box if you do **not** give your permission for this.

Medical and Photo Consent Form

PLEASE COMPLETE IN BLOCK CAPITALS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name |  | Date of Birth | | / / |
| GP’s Name |  | Tel |  | |
| Address |  | | | |
|  | | | | |

Medical Information/Special Requirements:

Is there anything we should be aware of to ensure your child’s well-being, such as an injury, illness, allergies (including sun cream etc.) or medical condition(s), or any special requirements your child may have. YES NO

If yes, please give details:

Are you allergic to penicillin? YES NO  
Have you been in hospital in the last 12 months? YES NO

**Medical Consent Statement:**  
My child is in good health and I consider him/her capable of taking part in the Games. I have provided medical information above and consent that in the event of any illness/ accident, any necessary treatment can be administered to my child, which may include the use of anaesthetics. I understand that while sports coaches, officials and LimbPower staff will take every precaution to ensure that accidents do not happen, they cannot be held responsible for any loss, damage or injury suffered by my child.

I consent to any emergency medical treatment in the event of an accident

Signed (parent/carer if under 18): ................................................................

Print Name: ................................................................. Date:.......................

Photography

I understand LimbPower and their partners may take photographs during the event and I permit them to use these images for promotional purposes, including their website.

Please tick the box if you **do not** give your permission.

Individual children who do not want to be photographed will be given a wristband to wear during the event. Please note, it is difficult to ensure an individual is not included by error in group or action shots.

Payment Form

Fees must be **paid in full** with the Entry Form and received by LimbPower by **Friday 8th** September 2017. Registration for the event cannot be confirmed until payment has been received. Refunds cannot be issued unless 2 week’s notice of cancellation is received prior to the start of the event unless there are exceptional circumstances.

Please note entry fee is payable for each child attending.

|  |  |  |
| --- | --- | --- |
| Cost | Amount | Total |
| Games Entry Fee (per child) |  | **£10** |  |  |
| \*Lunch is included. Dietary requirements:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |  |

**Concession:**   
LimbPower recognise that some individuals with limb impairments are on low incomes. If you fall into one of the groups listed below, you could be entitled to a concession. We will need to see written evidence of your unemployment or pension status.

\*\*LimbAppeal-Our hardship fund. If you are travelling a long way and need accommodation and you fall into one of the groups listed above, contact us about a concession. This is on a first come first served basis and will stop when the fund runs out.

Payment by Bank Transfer

Sort Code: 40-35-40 Account Number: 61459023 **Ref: Junior SM.**

Payment by Cheque or Postal Order

Made payable to **LimbPower** with the **Reference: Junior SM** written on reverse.

Enclosed with this entry form for the Junior Games is a cheque for £

## Payment by Credit/ Debit Card (Visa, Visa Debit, MasterCard)

If you wish to pay by Credit Card, please complete the form below in block capitals:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title |  | | Initials | | |  | | | Surname | | | |  | | | | | | | | | | | |
| Card Number | |  | |  |  | |  |  | |  | |  | |  |  | |  |  |  | |  |  |  |  |
| Valid From | |  | | | | | | | | | Expiry Date | | | | |  | | | | | | | | |
| Issue No. | |  | | | | | | | | | Security No. (last 3 digits  below magnetic strip) | | | | | | | | |  | | | | |

Please debit my account £ sterling in payment for entry to the Junior Games.

I would like to make a donation to LimbPower for £\_\_\_\_\_\_\_\_

Signed …………………………………………………………. Dated………………………………………………………

**For enquiries, telephone 07503 030702 or email:** [**andy@limbpower.com**](mailto:andy@limbpower.com)