LimbPower will be hosting a Multisport Event at the English Institute of Sport, Sheffield on **7th October 2017**. Entry forms are available on the LimbPower website. Completed forms should be returned to LimbPower by **Friday 15th September**.

This Multisport event is open to adults over the age of 18 with a limb impairment. The sports on offer include athletics, archery, badminton, climbing, cycling, football, golf, Nordic walking, sailing, sitting volleyball, tennis and wheelchair basketball. \*Please note this programme is subject to change dependent on the venue and will be finalised two weeks prior to the event.

The sessions will take place on **Saturday 7th October 2017**.

**Costs**

£15 Entry fee (includes a packed lunch), £10 for LimbPower members (please quote your membership number).

LimbPower will not provide lunch for partners or carers, only the participant who has paid the Event Entry Fee. Snacks and refreshments can be purchased at the on-site coffee bar.

**Parking**

There is on-site parking, with dedicated disabled spaces.

**Accommodation**

If you require overnight accommodation, there are several hotels close to the venue. Please contact LimbPower for details.

**Catering**

A packed lunch and water are provided for each athlete taking part in the event.

**Spectators**

Spectators are welcome to attend the event. If you are bringing friends or family 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 out two weeks prior the event. We look forward to welcoming you to the Games.

Kiera Roche

CEO LimbPower

ENTRY FORM
Please return by **15th September 2017** to secure your place**.** Either email the completed form to suzanne@limbpower.com or send it to the address at the bottom of the page. You will receive acknowledgement of your payment.

**Participant Details** (PLEASE COMPLETE IN BLOCK CAPITALS)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 □ Ambulant □ |

Have you previously attended the LimbPower Games? Yes No

What is the name of your Limb/Disablement Service Centre \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All attendees will be placed in groups and allocated an amputee mentor which will determine which order you take part in the different sports. Attendees are encouraged to try all sports.

I have read, understand and agree to abide by the Conditions of Entry. I understand that by signing this form I am confirming that my general state of health is good and that I take full responsibility for my own medical well being. We require primary (new) amputees to get the consent of your GP or your Rehabilitation Consultant before taking part in the LimbPower Games. You will be sent a medical form for completion before your place at the event is confirmed.

I enclose my non-refundable entry fee along with the completed registration form.

**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 |  |
|  |

Is there anything we should be aware of to ensure your well-being, such as an injury, illness, allergies (including sun cream etc.) or medical condition(s), as well as any special requirements you 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:**

**I understand that by signing this form I am confirming that my general state of health is good and that I take full responsibility for my own medical well-being. If you are a primary (new) amputee, we require you to get the consent of your GP or Rehabilitation Consultant before taking part in the this event. You will be sent a medical form for completion before your place at the event is confirmed.**

**I have provided medical information above and consent that in the event of any illness/ accident, any necessary treatment can be administered to me, which may include the use of anaesthetics. I understand that while sports coaches and officials will take every precaution to ensure that accidents do not happen, they cannot be held responsible for any loss, damage or injury suffered by me.**I consent to any emergency medical treatment in the event of an accident

Signed: ..............................................................................................................................

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

Photography

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

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

Individuals 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 15th** **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.

|  |  |  |
| --- | --- | --- |
| Cost | Amount | Total |
| Entry Fee |  | **£15** |  |  |
| Entry Fee (Members only) | Card No: | **£10** |  |  |
| \*Lunch is included in the price of the Games entry fee |  |  |

Special 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: Adult Shef**

Payment by Cheque or Postal Order

Made payable to **LimbPower** with the **Reference: Adult Shef** 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**