LimbPower will be hosting the LimbPower Dance workshop at Stoke Mandeville Stadium, Aylesbury on **Saturday 19th May 2018**. Completed forms with payment must be returned to LimbPower by **Friday 4th May 2018** to secure your place.

This workshop is open to adults over the age of 18 with a limb impairment. The dance programme on offer includes Latin, ballroom, street dance, belly dancing and social dance. (Please note this programme is subject to change and will be finalised two weeks prior to the event).

**Cost**

£12.50 entry fee (includes packed lunch). Concessions available.

£11.25 for LimbPower members (please quote your membership number).

**Parking**

Free parking is available on-site.

**Catering**

A packed lunch and water are provided for each participant taking part in the Dance Workshop. Please note, LimbPower do not provide lunch for partners or carers, only for the participant who has paid the Event Entry Fee. Snacks and refreshments can be purchased at the on-site café.

**Accommodation**

Overnight accommodation is available on Friday night at the Olympic Lodge, Stoke Mandeville Stadium. LimbPower have agreed a discounted rate for bed and breakfast for participants. Please fill in the accommodation section of the form and make payment in full when returning your booking form. Rooms will be allocated on a first come first served basis.

**Spectators**

Spectators are welcome to attend the LimbPower Dance Workshop. If you are bringing friends or family to support you, they need to sign the Spectator Registration Form on arrival at the event.

If you need any further information, please do not hesitate to contact LimbPower on 07968 760001 or e-mail suzanne@limbpower.com.

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

Kiera Roche

CEO LimbPower

ENTRY FORM
The closing date for entry is **Friday 4th May 2018.** Please 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 tick which assistive aids you use on a regular basis: a manual wheelchair, power wheelchair, prosthesis or crutches:Powered □ Manual □ Prosthesis □ Crutches □ Ambulant □ |

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

Attendees are encouraged to try all dances.

I understand that by completing this form and registering for the event, I pledge to pay the £12.50 entry fee. LimbPower require your registration information to be able to organise and evaluate this event. You will **be unable** to participate without completing the registration form. We require the requested medical information to ensure that you are medically fit to take part, to comply with our insurance terms and conditions and to enable LimbPower to tailor the event activities to meet the needs of participants. By completing and signing this registration form you are giving explicit consent for LimbPower to collect this information.

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

Medical and Photo Consent Form

PLEASE COMPLETE IN BLOCK CAPITALS

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 as an impatient in the last 12 months? YES NO

Are you taking any medication that we need to be aware of? 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. LimbPower require primary (new) amputees to get the consent of your GP or Rehabilitation Consultant before taking part in this event. If you have been in hospital as an inpatient in the last 12 months you will be sent a medical form for completion before your place at the event is confirmed.

All new amputees will be sent a medical form for completion before their 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. YES NO

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

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

Emergency Contact:

e.g. spouse, partner, parent

Name: ……………………………………………………………………… Telephone: …………………………………

**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.

Do you give permission to be photographed? YES NO

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.

**CONTACT PERMISSION**

**LimbPower will treat your data with the utmost care and we will never sell your data to other companies for marketing purposes.**

LimbPower would like to send you information about future LimbPower events and services by email. Please tick the boxes below to give your consent if you would like to be kept informed about our events and services.

I WOULD LIKE TO BE KEPT INFORMED YES NO

LimbPower would like to send you information about ways you can support the charity e.g. social media campaign, campaigns and fundraising activities.

I WOULD LIKE TO BE KEPT INFORMED YES NO

I WOULD LIKE TO RECEIVE THE LIMBPOWER E-NEWSLETTER YES NO

 **How did you hear about this event - Please tick**

|  |  |  |  |
| --- | --- | --- | --- |
| Social media |  | LimbPower member of staff |  |
| Word of mouth |  | LimbPower website |  |
| Limb Centre |  | Another charity, please name... |  |
| Physical Activity Advisor |  | Another organisation, please name… |  |

Accommodation

To be returned no later than 4th May 2018.

I shall/ I shall not require accommodation for the LimbPower Dance Workshop on Friday 18th May

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date of Arrival |  | 05 | 18 | Date of Departure |  | 05 | 18 |
|  | Day  | Month | Year |  | Day | Month  | Year |
| Special Requirements: |

Accommodation will be either twin rooms or dormitories; these are clean, but basic rooms. Due to limited space accommodation is for participants only. We can provide people wanting to come with their partners a list of alternative accommodation.

**Accommodation fees**

Accommodation in the Olympic Lodge is in twin rooms or dormitories. Prices are per person and include breakfast. These rates are subsidised. Please indicate which option you require with an X.

|  |  |  |
| --- | --- | --- |
| Included | Cost | Make your selection (X) |
| Friday Night Dormitory Bed | BB | £15.00 |  |
| Friday Night (Shared Twin)  | BB | £27.50 |  |
| Friday Night Single Occupancy | BB | £50.00 |  |
|  Total |  |  |

BB = Bed & Breakfast

DBB = Dinner, Bed & Breakfast

**Catering**

Please let us know if you have any special dietary requirements.

Dietary Requirements: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All accommodation bookings must be received and paid in full by Friday 4th May. Payment details overleaf.

Payment Form

Fees must be **paid in full** with the Entry Form and received by LimbPower by **Friday 4th May 2018**. Registration for the event cannot be confirmed until payment has been received. Refunds cannot be issued unless 2 weeks notice of cancellation is received prior to the start of the event unless there are exceptional circumstances.

|  |  |  |
| --- | --- | --- |
| Co Cost | I Select (X) |  |
| Entry Fee |  | **£12.50** |  |  |
| Entry Fee (Members only) | Card No:  | **£11.25** |  |  |
| Total Accommodation costs |  | **£** |  |  |
| \*Packed lunches will be provided for all participants | Total |  |

Dietary Requirements: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Concession:**
LimbPower recognise that some individuals with limb impairments are on low incomes. If you fall into one of the following groups (unemployed/retired/full time homemaker), 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: Surname & LP Dance**

Payment by Cheque or Postal Order

Made payable to **LimbPower** with the **Reference: LP Dance** written on reverse.

## 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 Dance Workshop.

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

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

**For enquiries, telephone 07968 760001 or email:** **suzanne@limbpower.com**