LimbPower will be hosting a Multisport event for children and adults at The Armitage Centre, Moseley Road, Manchester M14 6HE on **Saturday 27th April 2019**. Please return completed forms and payment to LimbPower by **Monday** **15th April 2019** to secure your place.

The event is open to adults over the age of 18 with a limb impairment. The sports on offer will include athletics, cycling, sitting volleyball, tennis and football. (Please note this programme is subject to change and will be finalised two weeks prior to the event.) There will also be other organisations and charities attending to promote opportunities for you to engage in activities.

**Cost**

There is a £10 Entry fee per person. This entry fee includes a packed lunch. LimbPower do not provide lunches for spectators or carers, only for the participants who have paid the Event Entry Fee. Meals and refreshments can be purchased at the cafe in the stadium.

**Parking**

Free parking is available on-site at the National Squash Centre.

**Accommodation**

There are a lot of hotels in the Manchester area to suit all budgets. The address is The Armitage Centre, Moseley Road, Manchester M14 6HE.

**Spectators**  
Spectators are welcome at the event. If you are bringing friends or family, 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 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 this exciting event.



Kiera Roche

CEO LimbPower

ENTRY FORM  
The closing date for entry is **Monday 15th April 2019.** Please email the completed form to [andy@limbpower.com](mailto:andy@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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

I understand that by completing this form and registering for the event, I pledge to pay the £10 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.

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

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

Emergency Contact during event:

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… |  |

Payment Form

Fees must be **paid in full** with the Entry Form and received by LimbPower by **Monday 15th April 2019**. Registration for the event cannot be confirmed until payment has been received. Refunds will not be issued after 15th October 2018 unless there are exceptional circumstances.

Please note entry fee is payable for each child attending.

|  |  |  |
| --- | --- | --- |
| Cost | Amount | Total |
| Games Entry Fee (per child) |  | **£10** |  |  |
|  | | |  |  |

Packed lunches will be provided for participating adults.

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

Concession LimbAppeal hardship fund:  
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. 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 Manc event**

Payment by Cheque or Postal Order

Made payable to **LimbPower** with the **Reference: LP Manc event** 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 the LimbPower 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)