LimbPower will be hosting a multisport event for children and adults at the The Armitage Centre, Moseley Road, Manchester M14 6 HE on **Saturday 27th April 2019**.

Entry forms are available on the LimbPower website [www.limbpower.com](http://www.limbpower.com).

Completed forms & payment should be returned to LimbPower by **15th April 2019**.

This is an opportunity for your child/children to try physical activity and sports in a safe and friendly environment. The children’s activity will take place in the morning and the adult’s activity will take place in the afternoon. 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.)

Siblings are welcome to register and take part. Please complete an entry form for each child who is attending.

The children’s sessions will take place on **Saturday morning 27th April 2019 and is open to** young people aged between 5 and 18 with a physical impairment.

**Costs**

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

LimbPower do not provide lunch for parents or carers, only for the children 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.

**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 to attend 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 the 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 indicate which assistive aids your child uses on a regular basis:  Power Wheelchair □ Manual Wheelchair □ Prosthesis □ Crutches □ None □ | | | | | | | | | | |

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

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

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

Children attending the event 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 event LimbPower staff, trustees and volunteers are not acting in “loco parentis” and do not take on the responsibility of looking after children.

I understand that by completing this form and registering for the event, I pledge to pay the £10 entry fee. LimbPower require information to be able to organise and evaluate this event. Your child will be unable to participate without completing the entry form. We require the requested medical information to ensure that your child is medically fit to take part; to comply with our insurance terms & conditions and to enable LimbPower to tailor the event activities to meet the needs of participating children. By completing and signing this form, you are giving explicit consent for LimbPower to collect this information.

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

Medical Consent Form

PLEASE COMPLETE IN BLOCK CAPITALS

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:

Is your child allergic to penicillin? YES NO

Has your child been in hospital as an inpatient in the last 12 months? YES NO

Is your child taking any medication that we need to be aware of? YES NO

­­­­­­­­­­­­­Please give details:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Consent Statement:**  
My child is in good health and I consider him/her capable of taking part in the event. LimbPower require primary (new) amputees to get the consent of your GP or Rehabilitation Consultant before taking part in this event. If your child has been in hospital as an inpatient in the last 12 months, you will be sent a medical form for completion before their place 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 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 Consent

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 for your child to be photographed? YES NO

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.

Contact Permission for Parents

**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 campaigns, 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 October 2018**. 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 |
| Event Entry Fee (per child) |  | **£10** |  |  |
|  | | |  |  |

Packed lunches will be provided for participating children.

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

Concession LimbAppeal hardship fund:  
LimbPower recognise that some families with a child with a limb impairment 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: Junior Manch.**

Payment by Cheque or Postal Order

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

Enclosed with this entry form for the Manchester Multisport event 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)