

# LIMBPOWER GAMES 21<sup>st</sup>-22<sup>nd</sup> MAY

## STOKE MANDEVILLE STADIUM



### REGISTRATION FORM

To be returned by 16<sup>th</sup> April 2016

#### 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:					
<p>Please indicate if you use a manual wheelchair, power wheelchair, prosthesis or crutches:</p> <p>Powered <input type="checkbox"/>    Manual <input type="checkbox"/>    Prosthesis <input type="checkbox"/>    Crutches <input type="checkbox"/>    Ambulant <input type="checkbox"/></p>					

Have you previously attended the LimbPower Games?      YES     No

*Priority will be given to new attendees.*

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 \_\_\_\_\_

Please complete the entry form and return by 16th April 2016 to:  
LimbPower Accounts: 73 Sargent Way, Horsham, RH12 3TE

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## STOKE MANDEVILLE STADIUM



### Accommodation

To be returned as soon as possible and no later than 16<sup>th</sup> April 2016

I shall/ I shall not require accommodation for the LimbPower Games on Friday

I shall/ I shall not require accommodation for the LimbPower Games on Saturday

Date of Arrival		05	16	Date of Departure			16
	Day	Month	Year		Day	Month	Year
Special Requirements:							

Accommodation will be either dormitories or twin rooms; 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.

### Catering

Breakfast, lunch and dinner will be provided free of charge for individuals staying at the hotel.

Lunch will be provided free of charge for day participants.

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

I will / I will not require dinner on Saturday night.

I will / I will not require a packed lunch on Saturday

I will / I will not require a packed lunch on Sunday

### Transport details if applicable

Stoke Mandeville Stadium has plenty of parking both disabled and non-disabled. You will need to register your number plate at reception.

### Spectators

If you are bringing friends or family to the games to support you please ask them to complete the Spectator Registration Form. We will need to know if they want breakfast, lunch or dinner as we pre-book the meals two weeks in advance of the event and need to know numbers. There will be a small fee for this, but we will only charge your guests what the venue charges us. If you do not let us know in advance your guests will need to bring lunch with them or pay for their own food.

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

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### 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. We require you 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 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.

Individual's who do not want to be photographed will be given a wristband to wear during the event.

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## STOKE MANDEVILLE STADIUM



### Payment Form

Fees must be paid in full with the Entry Form and received by LimbPower by 16<sup>th</sup> April 2016. 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.

### Entry fee

		Membership No	Please tick appropriate box		
Entry fee	£25.00				
Members fee	£22.50				
Concession	£12.50				
T-shirt size	Small	Medium	Large	Extra Large	Extra Extra Large

\*Your registration fee includes, water, lunch, a gym bag and a LimbPower T-Shirt.

### 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. Please circle the most appropriate description.

Unemployed/seeking work or working part-time,    house wife/family raising,    retired.

### Accommodation fee

		Included	Cost
Accommodation in the Olympic Lodge is in twin rooms (prices per person) or dormitories. These rates are subsidised.	Friday Night	BB	£28.00
	Saturday Night	DBB	£35.00
	Friday Night Dormitory Bed	BB	£15.50
	Saturday Night Dormitory Bed	DBB	£22.50
	Friday Single Occupancy	BB	£50.00
	Saturday Single Occupancy	DBB	£57.00
Donation			
		Overall Total	

\*\*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 Cheque/Bank Transfer

Cheques, etc. should be made payable to LimbPower

Enclosed within this entry form for the LimbPower Games is a cheque for  
£ \_\_\_\_\_

### Bank Account Details

The British Ambulant Disabled Sports and Arts Foundation - LimbPower  
HSBC  
Sort Code: 40-35-40  
Account Number: 61459023

Signed ..... Dated.....

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

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