LimbPower will be hosting the LimbPower Games at Stoke Mandeville Stadium, Aylesbury on **Saturday 4th and Sunday 5th July 2020**. Completed forms with payment must be returned to LimbPower by **Monday 15th June 2020** to secure your place.

The Games are open to adults over the age of 18 with a limb impairment. You may enter as part of a team (a minimum of five people) or as an individual. The sports on offer include athletics, archery, badminton, climbing, cycling, cricket, football, sitting volleyball, tennis, wheelchair rugby and wheelchair basketball. Plus, there will be fun competitions in several sports including badminton and a LimbPower Go-tri event \* Please note this programme is subject to change and will be finalised two weeks prior to the event.

**Cost** - £30 entry fee (includes packed lunch on both days & a LimbPower t-shirt). Concessions available.

£27 for LimbPower members (please quote your membership number)

**Parking**  - Free parking is available on-site. Please make a note of your car registration as you may be required to register your car number plate at reception.

**Catering** - A packed lunch and water are provided for each athlete taking part in the Games. 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** - If required, accommodation will be available on Friday and Saturday night at the Olympic Lodge, Stoke Mandeville Stadium. **You will need to book this directly with the venue and not through LimbPower**. <http://www.stokemandevillestadium.co.uk/accommodation/>

**Spectators**  - Spectators are welcome to attend the Games. If you are bringing friends or family to support you, they will be required to sign the Spectator Registration Form on arrival at the event.

If you would like any further information, please contact LimbPower on :07503 030702 or e-mail andy@limbpower.com.

Final details will be sent to you two weeks prior to the event via email. If you require a paper copy, please let us know using the above contact information. We look forward to welcoming you to the event.

Kiera Roche

CEO LimbPower

**Entry Form**
The closing date for entry is **Monday 15th June 2020.** Please email the completed form to 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 |
| Individual Entry | YES | NO |  |  |  |  |
| 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 □ |

**CARTERING**Please let our team know in advance if you have any special dietary requirements or allergies.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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 £30 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

If YES, please state

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 obtain 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 anesthetics. 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 the event. Please include name and telephone number?

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 yellow 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 June 2020 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 |  | **£30** |  |  |
| Entry Fee (Members only) | Card No:  | **£27** |  |  |
| Donation (optional) |  |  |  |  |
| \*Packed lunches will be provided for all participants | Total |  |

**Concession:**
LimbPower understands 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 Games**

Payment by Cheque or Postal Order

Made payable to **LimbPower** with the **Reference: LP Games** 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**