



Disability Sport Events

REGISTERED Charity no. 1075180

DSE NATIONAL JUNIOR BOCCIA CHAMPIONSHIPS 2010

ENTRY INFORMATION	
Venue:	English Institute of Sport - Sheffield (EIS) Coleridge Road Sheffield S9 5DA
Date:	4 th / 5 th December 2010
Entry Fee:	£22 per competitor
Closing date for entries:	15 th October

NO LATE ENTRIES WILL BE ACCEPTED WITHOUT PRIOR ARRANGEMENT WITH THE DSE EVENT MANAGER.

COMPLETED ENTRY / COSTING FORMS AND TEAM MANAGER'S INFORMATION / DECLARATION FORMS SHOULD BE SENT TO:

**DSE
BELLE-VUE CENTRE
PINK BANK LANE
MANCHESTER M12 5GL
TEL: 0161 953 2499**

IF YOU NEED ANY FURTHER INFORMATION PLEASE DO NOT HESITATE TO CONTACT DSE

NB: NO ENTRIES WILL BE ACCEPTED UNLESS ACCOMPANIED BY THE ENTRY FEE.

IF YOU REQUIRE ASSISTANCE WITH BOOKING ACCOMMODATION PLEASE CONTACT:

HOTEL-STOP

TEL/FAX: 0844 412 4868
MOBILE: 07939 040 589
E-MAIL: SALES@HOTEL-STOP.CO.UK
WEBSITE: WWW.HOTEL-STOP.CO.UK

COMPETITION INFORMATION

ENTRY RULES

Please see DSE Rules and Procedures. Please read these carefully before filling in your entry form.

AGE RANGE

Competitors should be under 26 yrs of age to compete in this event.

Competitors will be split into 2 age groups;

Group A: 10-16 and Group B: 17-26.

DSE will also be inviting selected members of the GB Squad who may be over the age of 26.

Time of Play

Play will begin at 10:00 on Saturday and Sunday, and be continuous throughout the day. It is anticipated that the finals will begin at 13:00 on the Sunday with the Closing Ceremony at 14:00. These details are subject to the number of entries.

Team Managers' Meeting

There will be a team managers meeting at 08:30 on 4th December at the EIS in Sheffield. Any changes to the playing programme should be made aware to the Event Manager the week prior to the event at the very latest.

Spectators

All spectators are welcome and admission is free.

Leisure Centre Regulations

There is to be no smoking and no consumption of food and drinks within the competition halls.

Trophies

There will be winning trophies for the individual winners within Age Groups A and B across groups 1-8 and also medals for the runners up.

Return this form to DSE

NATIONAL JUNIOR BOCCIA CHAMPIONSHIPS ENTRY FORM

REGION/HOME COUNTRY/NDSO: _____

REGIONS CAN BRING A MAXIMUM OF 20 PLAYERS

Name	DOB	DSE PROFILE	DSE Boccia Group BG1 – 8	CP Boccia Class -if applicable i.e. BC1 – 4
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				

NATIONAL JUNIOR BOCCIA CHAMPIONSHIPS

COSTING FORM

REGION/HOME
COUNTRY

NAME

ADDRESS

Post Code:

TELEPHONE (day)

TELEPHONE (eve)

FAX

E MAIL ADDRESS

As the Team Manager for _____ (state Region / Home Country / Team / NDSO), I have read and understood the Notes and Rules relating to the above DSE National Boccia Championships. I am aware of my duties as Team Manager as stated in Section 3.6 of the Rules and Procedures Handbook.

I have ensured that all members of my team are fully aware of the said Notes, Rules and Codes of Conduct. I will also know the accommodation whereabouts of my team.

Signed: _____ Date: _____

PLEASE NOTE: PRE-EVENT INFORMATION WILL ONLY BE SENT TO THE TEAM MANAGER. IT IS THEIR RESPONSIBILITY TO FURNISH TEAM MEMBERS WITH RELEVANT INFORMATION. IF YOU WOULD LIKE PRE-EVENT INFORMATION TO BE SENT TO ANYONE OTHER THAN THE TEAM MANAGER PLEASE GIVE FULL DETAILS.

PAYMENT DETAILS

NUMBER OF PLAYERS								TOTAL ENTRY FEE
GRP 1	GRP 2	GRP 3	GRP 4	GRP 5	GRP 6	GRP 7	GRP 8	£22 PER PLAYER

CHEQUES MADE PAYABLE TO DSE

Payment by (please tick):

Cheque

Internal DSE transfer

HQ Office use only		
<i>Payment received</i>	YES	NO
<i>Date</i>		



EQUALITY FORM

This form is for statistical purposes only. Please fill in numbers in the relevant boxes of what your team is made up of in and return with your entry forms

Ethnic origin

White:

British

Irish

Other

Mixed:

White & Black
Caribbean

White &
Asian

White & Black
African

Other

Asian or British Asian:

Indian

Pakistani

Bangladeshi

Other

Black or Black British:

Caribbean

African

Other

Chinese

Other

Age

Senior
(18 and above)

Junior
(under 18)

Sex

Male Competitors

Female Competitors



DSE NATIONAL BOCCIA CHAMPIONSHIPS 2010

NAME: _____

ADDRESS: _____

TEL NO: _____

REGION: _____

Please complete below if appropriate:

I CONFIRM I AM SUBJECT TO EPILEPTIC FITS

MY SPOTTER IS:

**I CONFIRM THAT DUE TO MY MEDICAL CONDITION I REQUIRE SUPERVISION
WHILST IN COMPETITION**

MY SPOTTER IS:

**I CAN CONFIRM THAT THE ABOVE DETAILS ARE CORRECT AND THAT I WILL
INFORM THE ORGANISERS OF ANY CHANGES.**

SIGNATURE:..... DATE:.....

PARENT/GUARDIAN
SIGNATURE:.....



PARENTAL CONSENT FORM

**TO BE COMPLETED BY ALL COMPETITORS UNDER THE AGE OF 18 YRS ON THE FIRST
DAY OF COMPETITION.**

Dear Parent/Guardian

**It is imperative that the Team Manager accompanying your son/daughter has the
necessary authority to obtain any urgent treatment which may be required whilst
at the DSE National Competition. Could you therefore please complete the details
below and return to your team manager. You are advised to take a copy.**

Name:
Date of Birth:

Address:

**I,being parent/guardian of the above
named child hereby give permission for the Team Manager to give the immediate
necessary authority on my behalf for any medical or surgical treatment
recommended by competent medical authorities, where it would be contrary to my
son/daughter's interest, in the doctor's medical opinion, for any delay to be
incurred by seeking my personal consent.**

Signature: (consent by parent /
guardian)

Full Name (Block Capitals):

Date:

ALL STAFF & COMPETITORS ARE REQUIRED TO COMPLETE THIS FORM

DSE CONFIDENTIAL MEDICAL FORM

PLEASE PRINT

Surname..... Forename..... Date of Birth Address:.....Postcode:..... Tele: Home: Work: Email:.....	REGION / Home Country MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> SWIMMER <input type="checkbox"/> STAFF <input type="checkbox"/> GP's Details: Name:..... Address..... Tele:.....	Next of Kin/ Emergency Contact Name: Relationship: Address..... Tele: Home..... Tele: Work..... Tele: Mobile.....
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DISABILITY (PLEASE STATE)

Are you subject to any sudden illnesses, for example, fits, kidney or bladder infection, chest infection that you require urgent treatment? If so, what tablets, injections or treatment do you require?

REGULAR MEDICATION AND DOSAGE (include inhalers) 1	REGULAR MEDICATION AND DOSAGE (include inhalers) 4
2	5
3	6
Allergies (Put 'None' if none known)	Reactions & Symptoms

Vitamins/ Supplements:

Current injuries or medical treatment? Any other relevant information: (if necessary continue on reverse of form)

I confirm the above details are correct and that I will inform the organisers immediately of any changes.

Signature: Parent/Guardian Signature: Date

To be signed by the parent/guardian of any competitor under the age of 18 years.