

**European
Down Syndrome
Open Swimming Competition
2009**

Short Course – 25 metres

**Saturday 23rd &
Sunday 24th May 2009**

**THE QUAYS
SOUTHAMPTON
ENGLAND**

COMPETITION INFORMATION

10:00 Warm Up

11.00 First Race

*******RULES CONDITIONS AND INFORMATION.*******

- The competition will be held under Fina Rules with DSISO additions and exceptions.
- **The event is open only to any swimmers with Down Syndrome.**
- Swimmers must be 11yrs as at 31 December 2009.
- The One Start Rule will apply.
- **The Entry Fee will be £25.00 (Entries cannot be processed without correct entry fees).**
- **Pool Passes for Team Staff will be £5.00 (to a maximum of 1 Staff per 4 swimmers)**
- **Closing date for Entries midnight on Saturday 17 April 2009.**

**FULL PAYMENT IS TO BE MADE BY CHEQUE (IN BRITISH POUNDS) OR
ELECTRONIC TRANSFER
BANK DETAILS WILL BE GIVEN ON REQUEST**

- All Individual events will be swum in the following order, there are no limits on the number of events that may be entered, however the Promoter reserves the right to limit or decline Entries on the basis of time available should the Event be over-subscribed.

Saturday 23 May

11.00 – Session 1

50m Backstroke	Female
50m Backstroke	Male
200m Butterfly	Female
200m Butterfly	Male
100m Breaststroke	Female
100m Breaststroke	Male
200m Freestyle	Female
200m Freestyle	Male
25m Breaststroke	Female
25m Breaststroke	Male
100m Individual Medley	Female
100m Individual Medley	Male

15.00 – Session 2

50m Breaststroke	Female
50m Breaststroke	Male
400m Freestyle	Female
400m Freestyle	Male
200m Backstroke	Female
200m Backstroke	Male
25m Backstroke	Female
25m Backstroke	Male
50m Freestyle	Female
50m Freestyle	Male
100m Butterfly	Female
100m Butterfly	Male
25m Butterfly	Female
25m Butterfly	Male

Sunday 24 May
10.00 – Session 3

50m Butterfly	Female
50m Butterfly	Male
200m Individual Medley	Female
200m Individual Medley	Male
100m Backstroke	Female
100m Backstroke	Male
200m Breaststroke	Female
200m Breaststroke	Male
25m Freestyle	Female
25m Freestyle	Male
100m Freestyle	Female
100m Freestyle	Male

- Event entries will be strictly Time Banded. – **The success of the Gala depends on accurate swim times being submitted.** Should any swimmer swim more than 15% faster than their Entry Time then they will be given a “speeding ticket” and excluded from the placings for that Race. Where there are only enough entries for one heat, and in the fastest (final) heat of any event, there will be no time banding and the 15% rule will not apply.
- **SWIMMERS NOT REGISTERED WITH DSISO MUST SUBMIT DIVE START CERTIFICATES, AAI AND MEDICAL FORMS WITH ENTRY FORMS.**
- It will be swum with males and females swimming separately, unless the lack of entries requires them to swim together.
- Swimmers must report to the Competitors Stewards (situated at the deep end of the pool) at least three (3) events before the start of their event. Swimmers will not be called or waited for if they are not present.
- **Swimmers must swim in the lane that has been allocated to them unless requested to change by the Referee.**
- Any swimmer who requires the use of the hoist or has a medical alert and needs an outside lane please inform us on the entry form
- Team Managers and Individual Entries (swimmers); please report/register upon your arrival to the registration clerks in the foyer. **REGISTRATION WILL BE FROM 09.30 TO 10.30.**
- Within the guidelines of the ASA Child Protection Policy and the Promoters Club Members Protection Policy, anyone wishing to use a Video Camera and or a Wide Lens and or a Zoom Lens Camera during any part of this event, including the Warm up period, must complete the Photography Registration Book at the Registration Desk upon your arrival. Failure to do this will lead to the Camera operator being asked to leave the event.
- The Promoters may take photographs/recording of you at this event. These images may appear in publicity material or websites. The organisers will only use appropriate images of athletes to promote sport and recreation and/or athletes in competition through publicity material, media, contacts or other appropriate means and will not include personal email, postal addresses or telephone/fax numbers. Your approval of entry indicates approval for such photography/recording to take place.
- Team Managers and Individual Entries (swimmers) will receive a Gala programme upon registration. Further programmes will be available at the door, a charge will be made
- **Any withdrawals will NOT be refunded.**
- The promoters have the right to refuse entries.
- Lifeguard cover will be provided throughout the gala.
- Pool hoist is available, if required (please inform on entry form).

POOL AND POOLSIDE SAFETY

- **FIRE EXITS** are clearly marked. Everyone attending must ensure that they familiarise themselves with these exits in case of any emergency. A copy of the Pools NOP's and EAP's will be available upon request from the Leisure Centre Reception Desk.
- Team Managers/Individual swimmers shall satisfy themselves that their swimmers/individuals are competent to the standard of the ASA Competitive Start Award or Dive Start requirements detailed in this Entry Pack. Any swimmer who is not competent must start from the poolside or in the water. In the event of a false start swimmers must execute a shallow racing dive. They must not topple in head-first as this is dangerous.

The depth of the pool: Shallow end. 1.2m.
Deep end. 2m.
The width of the pool: 12.5m.
Length of Pool: 25m. Registered as surveyed by British Swimming
Omega ARES 21 Electronic Timing
Nationally Qualified Referees

- **NO DIVING FROM THE SHALLOW END OF THE POOL WILL BE ALLOWED AT ANYTIME.**
- Swimmers and spectators are reminded that property should not be left unattended at any time. The Promoter cannot accept liability for any loss or damage that may occur.
- We encourage all parents to come and support the event, however please note that spectators will not be permitted access to the poolside. No smoking or alcohol is permitted in any areas to be used by athletes.
- All competitors are required to ensure that they have adequate Insurance cover for all eventualities.
- Any matter not covered above will be decided at the discretion of the Meet Director who also reserves the right to make any changes that may be considered necessary for the smooth running of the event.

Should you have any queries regarding the above, please do not hesitate to contact the Promoter by e-mail at dseuroswim@gmail.com

We look forward to receiving your entry(s)

REMINDER:

CLOSING DATE FOR ENTRIES MIDNIGHT ON THE 17 APRIL 2009.

Please e-mail

dseuroswim@gmail.com

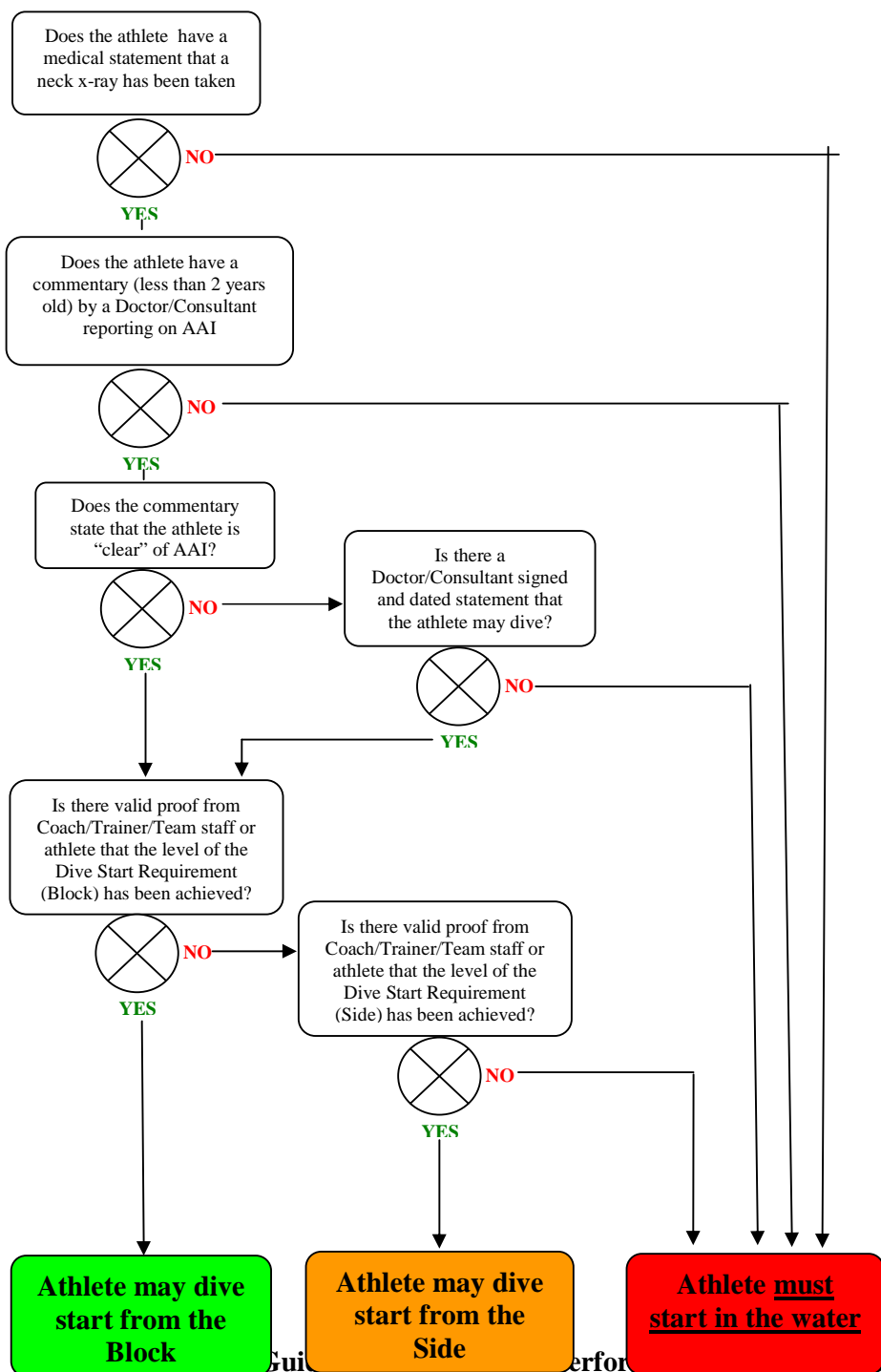
Closing Date for Entries:

17 APRIL 2009

PERMISSION TO DIVE START – EUROPEAN DOWN SYNDROME OPEN SWIMMING COMPETITION

The following flow chart, together with the associated forms and guidance on ability are to be used by ALL athletes wishing to dive start at the European Down Syndrome Swimming Competition. Athletes already Registered with DSISO do not require to complete this unless there is a change to the recorded Dive Start.

Failure to provide any of the required documentation, in English, WILL result in the athlete being required to start in the water.



These Guidelines have been drawn from those in use by British Swimming to encourage safety when considering the dive start and from Fina Guidelines regarding depth of competition pools.

Assessment and validation is to be made by a swimming coach or swimming trainer.

Dive Start Test (Side)

The depth of water is to be as minimum of 0.9m and a maximum of 1.5m, with a maximum freeboard of 0.38m

The athlete is required to demonstrate that he/she is capable of performing the following activities from the Poolside under normal starting conditions in a proficient and safe manner.

1. Perform a shallow dive followed by a glide of at least 5m.
2. Perform a shallow dive followed by a front crawl leg kick to surface
3. Perform a shallow dive followed by a dolphin leg kick to surface
4. Perform a shallow dive followed by one breast stroke arm pull and leg kick to surface
5. Perform a track, grab or wind-up start followed by a glide for 5m

Dive Start Test (Block)

This additional assessment is to ensure that the athlete has confidence in the use of the Block in achieving a dive start.

The depth of water is to be as minimum of 1.35 and a maximum of 2.0m, the height of the Block is to be a minimum of 0.5m and a maximum of 0.75m above the water surface.

In addition to the requirements of the Dive Start Test (Side), the athlete is required to demonstrate that he/she is capable of performing the following activities from the Block under normal starting conditions in a proficient and safe manner.

1. Perform a shallow dive followed by a glide of at least 5m.
2. Perform a track, grab or wind-up start followed by a glide for 5m
3. Perform a dive start followed by a front crawl leg kick to surface
4. Perform a dive start followed by one breast stroke arm pull and leg kick to surface

DIVE START FORM

The purpose of this Form is to record the ability, or otherwise, of a named athlete to safely and proficiently achieve a dive start from either the side or the starting block in competitive swimming events.

It is the responsibility of the coach/trainer who signs this form to ensure that the named athlete is safe in performing the activities stated in the Dive Start Tests. Coaches/trainers are encouraged to read the flow chart shown above and to acquaint themselves with the requirement for medical approval for athletes **WITHOUT** clearance from AAI prior to commencing dive start training or to undertake the assessment.

This Form is to be completed for all athletes who wish to be permitted to use a dive start in the European Down Syndrome Open Swimming Competition, unless already registered with DSISO..

The Form is to be completed in English.

Failure to produce this Form, correctly completed, with an Entry for the International Championships will result in the named athlete being required to start all races in the water.

Athlete's Name DSISO Reg No(if applicable).....

Country Club

Pre-Assessment Checklist (refer also to Flow Chart):

Medical commentary states "Clear of AAI" Yes/No

If NO, does medical commentary give recommendation to allow diving? Yes/No

If AAI Clear and/or medical commentary gives recommendation to permit diving

Assessment of Dive Start Test (**Side**) ...Pass / Fail....Date of assessment

Signature of coach/trainer

Name of coach /trainer Qualification

Assessment of Dive Start Test (**Block**) ...Pass / Fail....Date of assessment

Signature of coach/trainer

Name of coach /trainer Qualification

Signature of Parent/Carer/Responsible Person

Name Date

European Down Syndrome Open Swimming Competition Entry Form

Name: _____ Country _____

Address: _____

D.O.B. _____ Sex _____ DSISO No _____ (if applicable)

Please indicate which events you wish to enter by submitting times next to the appropriate events.

Session One Events	Time	Session Two Events	Time
50 Backstroke Female		50 Breaststroke Female	
50 Backstroke Male		50 Breaststroke Male	
200 Butterfly Female		400 Freestyle Female	
200 Butterfly Male		400 Freestyle Male	
100 Breaststroke Female		200 Backstroke Female	
100 Breaststroke Male		200 Backstroke Male	
200 Freestyle Female		25 Backstroke Female	
200 Freestyle Male		25 Backstroke Male	
25 Breaststroke Female		50 Freestyle Female	
25 Breaststroke Male		50 Freestyle Male	
100 Individual Medley Female		100 Butterfly Female	
100 Individual Medley Male		100 Butterfly Male	
		25 Butterfly Female	
		25 Butterfly Males	
Session Three Events			
50 Butterfly Female			
50 Butterfly Male			
200 Individual Medley Female			
200 Individual Medley Male			
100 Backstroke Female			
100 Backstroke Male			
200 Breaststroke Female			
200 Breaststroke Male			
25 Freestyle Female			
25 Freestyle Male			
100 Freestyle Female			
100 Freestyle Male			

Number of Team Staff Pool Passes Required at £5.00 each

DECLARATION OF MEDICAL CONDITIONS

I understand that the Promoters require me to state any known medical conditions and their management that may compromise my safety in the water. I understand that if I fail to state any known medical conditions and if this condition results in having to perform a rescue, I will automatically be deemed ineligible for the competition.

Known medical conditions (print 'n/a' if there are no medical condition):

Name of medical spotter (if required):

The current management for the above is:

OTHER

Medical assessment states "Clear of AAI"

YES	NO
YES	NO

If NO, does medical assessment give recommendation to allow diving

If YES, and/or medical assessment gives recommendation to permit diving:-

Assessment of Dive Start Test (Side) ...Pass/Fail Date of assessment _____

Assessment of Dive Start Test (Block)...Pass/Fail Date of assessment _____

Please attach copies of current medical assessment certificates/letters etc. These must be signed and authorized by a Medical Practitioner and carry the stamp of the Medical Authority/Surgery.

Signature of coach/trainer _____

Name of coach /trainer _____ Qualification _____

I CONFIRM I ACCEPT THE PROMOTERS CONDITIONS FOR THE EVENT

Signature _____ Swimmer

Signature _____ Parent Date _____

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

If you would like a receipt, please enclose a stamped addressed envelope.
