  

**Grampian Games 2019**

**Saturday 25th & Sunday 26th May**

**For athletes with a physical, sensory or learning disability**

**Events:**

**Saturday 25th May**

Boccia – 10am - 4pm

Table Tennis – 10am - 4pm

*Aberdeen Sports Village - café open all day*

**Sunday 26th May**

Swimming 12pm – 3.30pm

*Inverurie Swimming Pool*

10-Pin Bowling 10am - 3pm

Indoor Bowls 6pm - late

*Garioch Indoor Bowling Centre - café open until 7pm*

Entry forms can be acquired by contacting Alison Shaw, Regional Manager, Scottish Disability Sport, Broadfold House, Bridge of Don, Aberdeen, AB23 8EE and must be returned via email or post by **10th May 2018**.

Alison can be contacted on [alison.shaw@scottishdisabilitysport.com](mailto:alison.shaw@scottishdisabilitysport.com) or 07828 744 848 for entries and cancellations.

**Swimming Gala for Athletes with a Physical, Sensory or Learning Disability**

**Sunday 26th May 2019**

12:00 – 15:30

*Inverurie Swimming Pool*

Please find enclosed entry forms for all strokes but note that swimmers will only be allowed to enter **4 events**. Swimmers who record a time of less than 42.00 for 50m freestyle must enter 100m event. Please submit **accurate** times which will allow for a fair competition for all those taking part.

Please copy the timecard sheet enclosed and complete for each swimmer (lane and event numbers will added once the programme is complete). Please note a consent form is required for each swimmer. The team leader/coach can sign the code of conduct on behalf of the team or if entering as an individual please complete.

The entry fee will be £5.00 per person. Cheques should be made payable to “Grampian Disability Sport".

There is parking at Inverurie Swimming Pool and there is a pool hoist and accessible changing room available. The lockers in the changing rooms operate with a £1 coin which is refundable after use.

Each team entering must provide one adult helper in addition to the Team Manager (more will be gratefully accepted) to help with timekeeping etc.

Name of school/ club \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Team Manger \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of helper \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Capacity of Helper i.e. Timekeeper\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Information

* Swimmers wishing a warm-up will have the opportunity to do so prior to the start of the gala.  They should be supervised whilst in the water with a coach at the end of the lane they are warming up in.
* Swimmers with epilepsy should be "spotted" when involved in their races.
* Only swimmers who are competent should dive.  No diving at the shallow end.  Should swimmers wish to use diving blocks, please tick the box on their timecard.
* There will be a short break in the middle of the programme to allow swimmers to have a drink and a **small** snack.  Please remember they will be returning to the pool to swim, so shouldn't eat anything too heavy and fizzy juice should be avoided.
* Swimmers will only be allowed to enter four events.  Swimmers can only enter one distance per stroke and if their time is too quick for the 25m events they should move up to the 50m race and similarly from 50m to 100m.
* If there are four or more swimmers in an event then gold, silver and bronze medals will be presented.  If there are 3 swimmers in an event then gold and silver medals will be presented.  If there are 1 or 2 swimmers in an event then a gold medal will be presented.  Please note that in the most common time bands, races may be run over a number of heats with the medals being worked out on the quickest times.  Please explain to your swimmers that although they may place well in their heat, their times will be compared to those from other heats before medals are presented.
* In the case of any cancellations, please let us know in advance by contacting Alison on [alison.shaw@scottishdisabilitysport.com](mailto:alison.shaw@scottishdisabilitysport.com) or 07828 744 848

**Grampian Games - SWIMMING**

**CLUB/SCHOOL NAME**

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| **FEMALE BREASTSTROKE** | | | |
|  | **CLASS** | **NAME & D.O.B** | **TIME** |
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|  | **50 METRES** |  |  |
| **1** | **Up to 49.99** |  |  |
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|  | **50 METRES** |  |  |
| **2** | **50.00-56.99** |  |  |
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|  | **50 METRES** |  |  |
| **3** | **57.00-66.99** |  |  |
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|  | **50 METRES** |  |  |
| **4** | **67.00-78.00** |  |  |
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|  | **25 METRES** |  |  |
| **5** | **28.00-32.99** |  |  |
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|  | **25 METRES** |  |  |
| **6** | **33.00-37.99** |  |  |
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| **FEMALE 100 METRES FREESTYLE** | | |
|  | **NAME & D.O.B** | **TIME** |
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**CLUB/SCHOOL NAME**

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| **MALE FREESTYLE** | | | |
|  | **CLASS** | **NAME & D.O.B** | **TIME** |
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|  | **50 METRES** |  |  |
| **1** | **Up to 49.99** |  |  |
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| **2** | **50.00-56.99** |  |  |
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|  | **25 METRES** |  |  |
| **6** | **33.00-37.99** |  |  |
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|  | **25 METRES** |  |  |
| **7** | **38.00-43.99** |  |  |
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|  | **25 METRES** |  |  |
| **8** | **44.00-50.99** |  |  |
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|  | **25 METRES** |  |  |
| **9** | **51.00-57.99** |  |  |
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|  | **25 METRES** |  |  |
| **10** | **58.00-And up** |  |  |
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**CLUB/SCHOOL NAME**

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| **MALE BACKSTROKE** | | | |
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| **8** | **44.00-50.99** |  |  |
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| **10** | **58.00-And up** |  |  |
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**CLUB/SCHOOL NAME**

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| **MALE BREASTSTROKE** | | | |
|  | **CLASS** | **NAME & D.O.B** | **TIME** |
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| **1** | **Up to 49.99** |  |  |
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| **MALE 100 METRE FREESTYLE** | | |
|  | **NAME & D.O.B** | **TIME** |
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**CLUB/SCHOOL NAME**

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| **FEMALE FREESTYLE** | | | |
|  | **CLASS** | **NAME & D.O.B** | **TIME** |
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|  | **50 METRES** |  |  |
| **1** | **Up to 49.99** |  |  |
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|  | **25 METRES** |  |  |
| **10** | **58.00-And up** |  |  |
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**CLUB/SCHOOL NAME**

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| **FEMALE BACKSTROKE** | | | |
|  | **CLASS** | **NAME & D.O.B** | **TIME** |
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| **1** | **Up to 49.99** |  |  |
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|  | **25 METRES** |  |  |
| **10** | **58.00-And up** |  |  |
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**CLUB/SCHOOL NAME**

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| **MALE 100 METRES INDIVIDUAL MEDLEY** | | |
|  | **NAME & D.O.B** | **TIME** |
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| **FEMALE 100 METRES INDIVIDUAL MEDLEY** | | |
|  | **NAME & D.O.B** | **TIME** |
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**CLUB/SCHOOL NAME**

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| **MALE 25/50METRES BUTTERFLY** | | |
| **Distance** | **NAME & D.O.B** | **TIME** |
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| **FEMALE 25/50METRES BUTTERFLY** | | |
| **Distance** | **NAME & D.O.B** | **TIME** |
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**Grampian Games Athlete Code of Conduct - Swimming**

**Aim: To ensure that all athletes/coaches involved with G.D.S. participate within an agreed philosophy and set of standards.**

**Principle Statement of Ethics**

Sporting integrity is based on the acceptance of rules, fairness, equality, respect for others, moral conduct and a sense of what is right. The goal of G.D.S. is to create a sporting environment where violence, breaking the rules, the abuse of drugs, the lack of fair play and other unethical behaviour are automatically rejected as being irrelevant to the true purpose of sport.

I the athlete/coach agree to the following:

1. to abide by the principle statement on Ethics above
2. practice and play within the spirit of the game
3. help each other to learn new skills
4. compete as a team
5. respect others – coach, officials, other players, team managers, parents who help organise/play the sport
6. do not direct verbal, physical, emotional abuse towards opponents/coaches/umpires/event organisers & other team members
7. treat all others as you would like to be treated, with integrity and respect
8. arrive before the start of each session to ensure adequate preparation and to be punctual on all occasions, where possible provide information in advance if you are ill or unable to attend any session.
9. set a good example at all times in aspects of dress, language, behaviour, and respect of equipment and others.

Signature: ......................................................... Date: ......................................

### GRAMPIAN GAMES CONSENT FORM – for individual participants - Swimming

Participant’s Name:………………………………………Male/Female………………..

Age: ......................................... Name of School: (if applicable) ..................................................................

Parent/Carer’s Name: ...................................................................................................................................

Contact No. ............................................ Email: ...........................................................................................

Will a carer accompany the participant to the session? (Please circle) YES / NO

If no, please give the name of someone we can contact during the time of the session in case of emergencies.

Name: ................................................................ Contact No. .....................................................................

Please use the space below to share further information about your disability you feel we may need to know to provide the best sporting experience for you. Please inform if you use a wheelchair or assisted devices.

………………………………………………………………………………………………………………………………………………………………………

Please indicate any special medical needs you may have that we should know about e.g. Asthma, Epilepsy

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Please indicate any special educational needs you may have you would wish to make us aware of:

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If you use sign language or have a special need relating to communication please state below and elaborate as fully as possible (e.g. do you use Makaton)

………………………………………………………………………………………………………………………………………………………………………

Do you consent to receiving first aid/medical treatment? (please circle) YES NO

Photography may be used during the sessions. Images will be used in publications and on our website to publicise our services or celebrate special events. These may also appear in our printed publications, on our website, intranet, social media ie facebook, twitter and on Plasma screens in various council offices. We may also send them to the news media.

I **DO CONSENT/DO NOT CONSENT** to the participant being photographed and images used as indicated above (please delete as appropriate).

**Data Protection**

Please sign below to confirm that you have read and understood our Privacy Notice, which can be viewed on our website here: <http://www.grampiandisabilitysport.org.uk/documentation/>

Signature ........................................................................ Relationship .................................

Please include your email address if you would like to be added to our emailing list to be the first to hear about new clubs, events and training opportunities.

Email: ............................................................................................................................................................................