

## 19<sup>th</sup> Suffolk Swimability Meet - Rules and Conditions

### Eligibility

This competition is open to any swimmer with a disability - physical, sensory or learning. Swimmers should indicate on the entry form their British Swimming/IPC classification. Where swimmers have not been classified, please leave blank. It is not necessary for swimmers to have been formally classified in order to compete at this event.

### Rules

This competition will be swum under Swim England Laws and Technical Rules,

### Entry Restrictions

In view of the fact that the event is subject to restricted pool time, the promoters will accept entries on a '**first come, first served**' basis. Once the meet is full, all additional entries will be rejected.

### Races

All individual races will be made up of swimmers with similar entry times, irrespective of their age, gender or disability. This is done in order to make races more competitive and increase the opportunity for swimmers to gain fast times. It is important therefore that accurate times are submitted on the entry form for all events. If no time is completed, then the swimmer will be placed in the slowest heat of that event. Swimmers requiring outside lanes may have to be swum out of time order to accommodate their needs.

**Clubs wishing to enter the relay events should complete the separate relay application forms. No additional entry fee will be required if the swimmer is entered into an individual event.**

Open and female swimmers may be swum together. Swimmers will be allowed to enter a **maximum** of 4 races, excluding the relays. For the 25m freestyle and backstroke, swimmers will be permitted to use a noodle if they wish.

Whilst we will try to have all starts from the deep end of the pool, the organisers reserve the right to move the start to the shallow end if competitors need the hoist to enter the water.

### Awards

Participation medals will be presented to all swimmers.

### Entry Fees

The non-refundable entry fee is £3.00 per swimmer, irrespective of the number of events entered. If paying by cheque please ensure the correct fee is sent with your entry form. Cheques should be made payable to **Swim England Suffolk**. All entries must be received by 12<sup>th</sup> April 2024

If preferred Clubs may pay by BACS. Please ensure that your Club is prepared to make payment by this method and indicate accordingly on the application form.

### Epilepsy

Swimmers with epilepsy must ensure that this is indicated on the entry form. A responsible adult who knows the swimmer's condition should accompany them. This person must act as a 'spotter' on the poolside while the swimmer is in the water.

### Photography

All photography must be in accordance with current Swim England guidelines.

### Responsibility

Parents/carers are responsible for swimmers whilst in the changing rooms and on poolside prior to the start of the competition. Swimmers and spectators are reminded that property should not be left unattended at any time. Could swimmers please use the lockers provided.

Lifeguard cover will be provided throughout the meet.

### Promoters

The promoters have the right to refuse entries and to make any changes that may be considered necessary for the smooth running and discipline of the event. There will be no access into the changing rooms or onto poolside before 4.45pm. The promoters will take into consideration the time needed for swimmers to change before commencing the event.

### Spectators

Spectators will be able to use the balcony and the poolside seating areas( if enough room is available) - both are extremely hot, so please come prepared!

# 19<sup>th</sup> Suffolk Swimability Meet

Waterlane Leisure Centre, Lowestoft, Suffolk, NR32 2NH

Saturday April 27<sup>th</sup> 2024 4 pm warm-up

(Under Swim England Laws and Technical Rules)

Please tick this box if you do NOT wish your child's photograph to be taken.

Please enter **times** below, if known, for the individual events you wish to enter. If you have no time, just tick the event. Maximum 4 races (see programme of events).

Events	Butterfly	Backstroke	Breaststroke	Freestyle	Individual Medley
25m					
50m					
100m					

**Please circle:**

Do you require any assistance with entering/exiting the pool? Yes/No

Do you need the assistance of a hoist? Yes/No

Do you require an outside lane? Yes/No

Do you have any of the following? - Epilepsy Yes/No Asthma Yes/No

Heart condition Yes/No

Entries are £3 per swimmer payable to **Swim England Suffolk**. Please send the completed entry form (with cheque if paying by this option) to:  
Ann Byrne, 20, Holly Blue Road, Wymondham, Norfolk NR18 0XJ

Entry confirmation will be sent by email, please provide an email address below

If preferred Clubs may pay by BACS and a request for payment for all entered competitors will be issued after the closing date.

If Club agree to pay by BACS, please tick here

Closing date for entries: 12<sup>th</sup> April 2024

Any queries, please contact:

Ann Byrne 07742 618980

arbyrne56@gmail.com

**HAVE YOU COMPLETED ALL THE SECTIONS?**

Please complete in CAPITALS

OPEN/FEMALE (delete as appropriate)

Full Name..... Date of Birth...../...../.....

Address.....

..... Post Code.....

Telephone..... E-mail.....

British Swimming/IPC Classification if applicable.....

If not classified please list the specific disability in the box below.

Name of school attending .....

Name of swimming club attending (if applicable).....

I declare that the above particulars are correct and agree to abide by the conditions laid down by the promoters.

Signature of Swimmer .....

Parent/Guardian (if under 18) ..... Date .....

Photographs may be taken at this event and used for publicity purposes.

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(Under Swim England Laws and Technical Rules)

## **Mixed Medley Relay Entry Form**

Please complete in CAPITALS

**Name of Club attending** .....

Details of Competitors

**OPEN/FEMALE** (delete as appropriate)

**Full Name**..... **Date of Birth**...../...../.....

**OPEN/FEMALE** (delete as appropriate)

**Full Name**..... **Date of Birth**...../...../.....

**OPEN/FEMALE** (delete as appropriate)

**Full Name**..... **Date of Birth**...../...../.....

**OPEN/FEMALE** (delete as appropriate)

**Full Name**..... **Date of Birth**...../...../.....

I declare that the above particulars are correct and agree to abide by the conditions laid down by the promoters.

**Signature of Club Representative**.....

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Saturday April 27th 2024 4 pm warm-up

Waterlane Leisure Centre, Lowestoft, Suffolk, NR32 2NH  
(Under Swim England Laws and Technical Rules)

## **Mixed Freestyle Relay Entry Form**

Please complete in CAPITALS

**Name of Club attending** .....

Details of Competitors

**OPEN/FEMALE** (delete as appropriate)

**Full Name**..... **Date of Birth**...../...../.....

**OPEN/FEMALE** (delete as appropriate)

**Full Name**..... **Date of Birth**...../...../.....

**OPEN/FEMALE** (delete as appropriate)

**Full Name**..... **Date of Birth**...../...../.....

**OPEN/FEMALE** (delete as appropriate)

**Full Name**..... **Date of Birth**...../...../.....

I declare that the above particulars are correct and agree to abide by the conditions laid down by the promoters.

**Signature of Club Representative**.....

# 19<sup>th</sup> Suffolk Swimability Meet

Saturday 27<sup>th</sup> April 2024 Waterlane Leisure Centre,  
Lowestoft, Suffolk, NR32 2NH

To be swum under Swim England Laws and Technical Rules

Promoted by Swim England Suffolk and kindly supported by  
Lowestoft Lions



## Programme of events

Warm up 4.00

1	Individual Medley	100m
2	Freestyle (inc woggle)	25m
3	Backstroke	50m
4	Breaststroke	25m
5	Butterfly	50m
6	Backstroke	100m
7	Medley Relay	4x25m

## Continued...

8	Breaststroke	100m
9	Backstroke (inc woggle)	25m
10	Freestyle	50m
11	Butterfly	25m
12	Freestyle	100m
13	Breaststroke	50m
14	Freestyle Relay	4x25m

**Presentations will finish at  
approximately 8.00pm**

This meet provides an opportunity for all swimmers with a disability - physical, sensory, learning - to swim in a competitive setting over a range of distances and strokes, according to personal strengths and wishes.