

## 20<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 £5.00 per swimmer, irrespective of the number of events entered. WE NO LONGER ACCEPT CHEQUES.

**Please pay by BACS to Suffolk County Amateur Swimming Association, Sort code 40-47-42 Account number 31093401**

**Closing date for entries: Friday 14<sup>th</sup> March 2025**

### 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 3.45pm. 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!

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

Waterlane Leisure Centre, Lowestoft, Suffolk, NR32 2NH

Saturday April 5<sup>th</sup> 2025 4 pm warm-up

(Under Swim England Laws and Technical Rules.

Swimmers must be 9 years old on the date of the gala )

Please complete in CAPITALS

OPEN MALE /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.

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 £5 per swimmer Please send the completed entry form to :-  
Ann Byrne, 20,Holly Blue Road,Wymondham,Norfolk NR18 0XJ or email to the address below

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

Please pay by BACS to Suffolk County Amateur Swimming Association,Sort code 40-47-42 Account number 31093401

Closing date for entries: Friday 14<sup>th</sup>March 2025

Any queries, please contact:

Ann Byrne 07742 618980

arbyrne56@gmail.com

**HAVE YOU COMPLETED ALL THE SECTIONS?**

Saturday April 5th 2025 4 pm warm-up

Waterlane Leisure Centre, Lowestoft, Suffolk, NR32 2NH  
(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**.....

Saturday April 5th 2025 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**...../...../.....

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

Saturday 5<sup>th</sup> April 2025 Waterlane Leisure Centre,  
Lowestoft, Suffolk, NR32 2NH

To be swum under Swim England Laws and Technical Rules  
Swimmers must be 9 years old by the date of the gala

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 noodle)	25m
3	Backstroke	50m
4	Breaststroke	100m
5	Butterfly	25m
6	Freestyle	50m
7	Medley Relay	4x25m

## Continued...

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

**Presentations will finish at  
approximately 8.00pm and will be in  
the Play area**

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.