



# 2009 PANTHER CHALLENGE

## Athletic Competitions

**For all people with disabilities from 10 to 99 years**  
**Team and Individual Competitions**  
**Within the Spirit of UKA Rules**

**Saturday, 18<sup>th</sup> July 2009**

10 a.m. to 4 p.m.

Northgate Sports Centre, Ipswich, IP4 3DJ

Events will include: track races, jumping, throwing and agility events.

Trophies for first three males and females.

Entry: £2 per athlete. Closing Date: 3rd July 2008.

**NO ENTRIES ON THE DAY**

CATEGORY OF DISABILITY

Category	Possible Conditions	Description
1	Electric or manual Wheelchair User (Cerebral Palsy, Quadriplegia)	Poor sitting balance. Poor trunk control. Extremely hard to move unaided. Poor control in four limbs. Difficulty in gripping objects. Great difficulty in moving around on own.
2	Manual Wheelchair User (Cerebral Palsy, Paraplegia Polio, Spina Bifida, Amputee)	Can have poor sitting balance. Slight or good leg movement (with some hip movement). Leg amputee who competes in a wheelchair. May have very slight weakness in arms.
3	Ambulant Cerebral Palsy	Able to walk aided/unaided. Can use crutches or other support. Difficulty in controlling all four limbs. When running the child looks floppy. May be effected in all limbs.
4	Ambulant Cerebral Palsy	Can only balance unaided on one leg. Affected on one side. Seen to have a limp when walking / running.
5	Ambulant Cerebral Palsy	Able to walk well but one side may look weaker.
6	Ambulant Amputee	Above or below knee amputee (either single or double leg). Arm amputee (either single or double arm).
7	Ambulant Blind or visually impaired	Blind or visually impaired athlete who can compete on their own or who may require assistance or guiding during activities.
8	Dwarf	Dwarf
9	Learning Disabilities	To include Severe Learning Disability and Profound and Multiple Learning Disabilities.
10	Learning Disabilities	To include Moderate Learning Disability.

## 2009 PANTHER CHALLENGE — ENTRY FORM

**I wish to enter the 2009 Panther Challenge**

Name:..... Age:.....

School/Club:.....

Address: ..... Phone No:.....

.....

From the list *on the accompanying page*,  
I confirm that my category of disability falls in number .... ( 0 – 10 )

Medical information (Disclose only if relevant)			
Inhaler	Yes / No *	* Delete as appropriate	
Medication being taken			
GP Name		Phone Number	

### Emergency Contact

Name		Relationship to athlete: <b>Parent/ Guardian/ Carer/ Friend *</b> <small>(*delete as appropriate)</small>	
Home Phone		Mobile	

We sometimes take pictures/video footage of the athletes for use in publicity material. If you do not wish the athlete to be featured in this way please tick the box.

For athletes under 18, the signature of a parent/guardian/carer is required to give permission for the athlete to attend and compete and to agree to staff taking any medical action deemed necessary in the unlikely event of an accident.

Volunteers would be warmly appreciated on the day to assist with a variety of tasks.

Signed..... *Parent/ Guardian / Carer\**

(\*delete as appropriate)

Complete and return with cheque or postal order, payable to: Orwell Panthers AC, for £2 (no cash in the post please) and send to: Mike Oakley, 8 Meadowside, Wickham Market, Woodbridge, IP13 0UD. BEFORE 3<sup>rd</sup> JULY 2009