

Sprints Workshop

focusing on athletes with cerebral palsy



8 February 2014, 1200—1700 Aberdeen Sports Village, AB24 5RU

Tutor: Keith Antoine

Coaches already working with an athlete with cerebral palsy should invite their athletes to attend. The workshop will focus on cerebral palsy but anyone interested in sprinting will gain a great deal from attending.



AGENDA

- Considerations for coaching sprinters with cerebral palsy
- Questions from coaches and support staff
- Practical session with athletes to include running technique, blocks, starts and pick up
- Lunch
- Review of the practical session and training implications
- The role of strength and conditioning for sprinters with cerebral palsy
- Practical session to address identified issues
- Planning the training year
- World standards making it into Team GB

For more information or to book onto the workshop contact: Scottish Disability Sport Tel: 0131 317 1130

Email: admin@scottishdisabilitysport.com

Places on the course are limited to 15 people. The workshop is free to attend and lunch will be provided.

Name of Workshop).						
Date of Workshop:							7
Reference:							7
lease complete and dinburgh EH12 9Dene start of the course Delegate Details	Q or email the	e completed form	to admin@sec	ottishdisabilit	tysport.com	by at least 2	
Please copy for add	tional delegai	First Name	in block capite	als or send el Surnar			\neg
Position		1 iist ivaine		Sumar	TIC .		_
Organisation							_
Email							_
Address							_
Postcode							_
Telephone							_
you do not receive							
Signature Date							7
Signature Date Special Requireme	nts (e.g. mobi	lity, hearing, visi	ion, access to lo	earning, dieta	ary requireme	ents):	
Date							
Date Special Requireme To ensure all delegates revious Training in	are able to parti						
Date Special Requireme To ensure all delegates revious Training in Yes, please residues.	are able to parti						
Date Special Requireme To ensure all delegates revious Training in	are able to parti						
Date Special Requirement To ensure all delegates revious Training in Yes, please reliable No	are able to parti this area ame	icipate fully, please in	nform us as soon o				
Date Special Requirement To ensure all delegates revious Training in Yes, please reliable No Method of Payment (are able to parti this area ame	icipate fully, please in	nform us as soon o	as possible if yo	ou require assist		
Date Special Requirement To ensure all delegates revious Training in Yes, please reliable No Method of Payment (are able to parti this area ame	icipate fully, please in	nform us as soon o	as possible if yo	ou require assist		
Date Special Requireme To ensure all delegates revious Training in Yes, please r No Method of Payment of Cheque: I en Please send to: Administrator, Sco	are able to parti this area ame Please tick re close a cheque	elevant box belower for £ made payary Sport, Caledon	nform us as soon of the soon o	as possible if yo	ou require assist	rance.	
Date Special Requireme To ensure all delegates revious Training in ☐ Yes, please r ☐ No Iethod of Payment (☐ Cheque: I en Please send to: Administrator, Sco ☐ Invoice: Plea	are able to parti this area ame Please tick re close a cheque	icipate fully, please in elevant box belower for £ made paya	nform us as soon of the soon o	as possible if yo	ou require assist	rance.	
Date Special Requireme To ensure all delegates revious Training in Yes, please re No Iethod of Payment (Cheque: I en Please send to: Administrator, Sco Invoice: Please Name	are able to parti this area ame Please tick re close a cheque	elevant box belower for £ made payary Sport, Caledon	nform us as soon of the soon o	as possible if yo	ou require assist	rance.	
Date Special Requireme To ensure all delegates revious Training in Yes, please r No Method of Payment (Cheque: I en Please send to: Administrator, Sco Invoice: Plea Name Organisation	are able to parti this area ame Please tick re close a cheque	elevant box belower for £ made payary Sport, Caledon	nform us as soon of the soon o	as possible if yo	ou require assist	rance.	
Date Special Requireme To ensure all delegates revious Training in Yes, please r No Method of Payment (Cheque: I en Please send to: Administrator, Sco Invoice: Plea Name	are able to parti this area ame Please tick re close a cheque	elevant box belower for £ made payary Sport, Caledon	nform us as soon of the soon o	as possible if yo	ou require assist	rance.	

isit the website **www.scottishdisabilitysport.com**