BARTS Medical Support Requirements for Alpine Disciplines

MEDICAL ASSESSMENT FORM FOR BRITISH ARTIFICIAL SEEDING COMPETITIONS
The Organising Committee for each competition must fill in the assessment form below prior to the commencement of Training at a Competition.
THE COMPLETED FORM MUST BE EMAILED TO THE HNGB or MEMBER GROUP RESPONSIBLE PRIOR TO THE START OF THE EVENT and posted on the official noticeboard or distributed at the team captains meeting.

Event Venue	Norfolk Snowsports Club	**CoR** –	**Norfolk Snowsports Club**
Event Dates	10 May 2026	**Event Status**	**ERSA Summer League 2026**
Event Doctor *(if appropriate)*	N/A	Phone: +44.....	
First Aid provided by name:	PHEMS	Norfolk Snowsports Club	
Local Surgery or NHS 'walk-in' centre ***(if appropriate)***	**Address:** NHS Walk in Centre, Rouen House, Rouen Rd, Norwich NR1 1RB **Phone:** 01603 677500 **From Venue:** 5 min 1.5 miles with car **Directions** :	**Level of Care:** Basic first aid	
Hospital	**Address:** Norfolk and Norwich University Hospitals NHS Foundation Trust Colney Lane, Norwich, NR4 7UY **Phone:** 01603 286286 **From Venue:** 15 min 6 miles with ambulance/car **Directions** : Head to A47 westbound. Signposted Exit at A11 Junction. Follow signage.	**Level of Care:** Accident & Emergency Department	
Pharmacy	**Address:** Boots, Riverside Retail Park, NR1 1WR **Phone:** 01603 662894 **From Venue:** 6 min 1.5 miles with car **Directions:**	**Level of Care:** Pharmacist	
Slope patrol	**In contact by** Maintenance Staff on site	**Slope patrol** on-site during racing **Yes**/~~No~~	
Ambulance	**In contact by phone 999 or +44**	**Location** Norwich Hospital **From Venue:** 7 minutes km	
Slope accident Protocol	**First aid are located at: Blue post half way up the main slope on the right.** **Doctor located at: N/A In contact by:** Radio/PA	**1.** Paramedic to attend person and assess. **2.** Person moved to first aid area in club house if able or Await ambulance to move person on stretcher. *(Advice based on acuity of injury and consultation with parent/coach.)* **7.** TD completes accident form or notes on report.	

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Crowd / Public Protocol *Only if different from above*	**First aid are located at: On Blue run half way up main slope on the right.** **Doctor located at:** N/A **In contact by:** Radio/PA	All as above
Back-up plan		If primary first aid has to attend an incident, race can continue if course is clear with first aid provided by backup as described above.
Defibrillator Equipment	**Is there a Defibrillator (AED) on site?** **Where is it located?** **Is there a person on site trained to use the equipment?** **If not on site, nearest Defibrillator located at:**	Yes Main office by reception. Yes n/a

The Medical arrangements fully meet the criteria for BARTS competitions				**Yes/ No If no identify issue below**	
Description	**Yes/No**	**Complies fully with Rule 1? Y/N**	**Degree of compliance 1-5 (where 5 = fully in place)**	**If not fully complied, reason**	
Medical Cover (dedicated Paramedic on site)	Yes	No	3	Doctor not necessary. Paramedic provided by ROC located on slope throughout. Technical competition in controlled environment. Hospital within 15 minutes of venue.	
Signed:		~~**Technical Delegate**~~**/Chief of Race/**~~**Chief of Champs**~~ *Delete as appropriate*		**Date:**	

The plan should be discussed on setting up contract with venue and prior to publication of Acceptance Bulletin.
The document should be agreed and signed by Chief of Race/Medical Director/Chief of Championships plus TD (if applicable).
Please email completed forms to sponsoring constituent group.

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