



## Tournament Registration & Information

- DATE:** April 22<sup>nd</sup> to 24<sup>th</sup>, 2016
- VENUE:** Tournament Capital Centre  
910 McGill Rd, Kamloops, BC, V2C 6N6.  
[www.tournamentcapital.com](http://www.tournamentcapital.com)  
Tel: 1- 250-828-3655
- HOST HOTEL:** The Coast Kamloops Hotel & Conference Centre, 1250 Rogers Way,  
Kamloops, BC, V1S 1N5.  
[www.coastkamloopshotel.com](http://www.coastkamloopshotel.com)  
Tel: 1 - 250-828 6660



- TRAVEL INFORMATION:** Teams should fly into YKA – Kamloops Airport on Thursday, April 21st, 2016.  
Or can fly into YVR and transfer to Kamloops.  
Games begin on the morning of Friday, April 22<sup>nd</sup>, 2016.  
Games complete with the Championship Games taking place on Sunday afternoon April 24<sup>th</sup> 2016, followed by the awards presentation.  
Departures should be planned for late Sunday afternoon.

**REGISTRATION FEE:** The tournament registration fee is **\$800 per team**.

The registration fee includes:

- Event commemorative item for registered participants
- Banquet Tickets for Saturday night for registered participants (Additional tickets \$50.00)

Cheques are payable to: **BC Wheelchair Basketball Society**. Please send with your team registration/roster form by **February 8<sup>th</sup>, 2016**. **Late registration fee after February 8<sup>th</sup>, 2016 is \$900. Please note that registration fees will not be accepted after February 15<sup>th</sup>, 2016.**

In addition, a refundable performance bond of **\$350.00** per team must have been received by Wheelchair Basketball Canada by **February 8<sup>th</sup>, 2016**. This performance bond will only be cashed if a team withdrawal after February 8<sup>th</sup>, 2016.

#### **HOTEL BOOKING INFORMATION:**

##### **COAST KAMLOOPS HOTEL & CONFERENCE CENTRE**

1250 Rogers Way, Kamloops, BC, V1S 1N5

Tel : 250-828-6660

##### **To book:**

Call: 800-663-1144

Group Booking Code: **CKH-GFC4568**

Standard Room Rate: 2 queen beds **\$109.00** / night plus taxes

- Four (4) fully accessible rooms are also available on a first come first served basis however these rooms have only one queen bed
- The hotel also has 30(+) rooms called “wheelchair friendly” with wider doors which would be advised for those with lower level quadriplegia since the bathrooms and doors on regular rooms are smaller.
- Buffet Breakfast is available at a cost of **\$12 pp ( we will require teams to indicate if they wish to have breakfast at the hotel).**

**Please make your room reservation directly with the hotel.** Reservations must be received at the hotel by **March 22<sup>nd</sup>, 2016**. Please also indicate your preference of room type and make sure to use the group booking code.

#### **VAN RENTALS:**

**BCWBS will transport and store all sport equipment for the duration of the tournament from YKA to the Tournament venue, (TCC), via a tournament cube van. A representative will meet your team at the airport to load your equipment.**

Teams will require their own mini-vans to travel between the airport, hotel, and competition venue. It is approximately a 20 minute drive from the airport to the hotel (depending on traffic) and 5 minutes from the hotel to the gym.

BCWBS are negotiating a special rate with local car rental companies and will provide information as soon as possible

**CLASSIFICATION:**

Any teams who have players seeking classification or a review of their class must indicate this on their registration form. Please visit <http://www.wheelchairbasketball.ca/the-sport/classification/> for current classification and reclassification procedures as some items have changed since last season.

**COACHES TECHNICAL MEETING:**

All teams must have a representative present for the coaches meeting scheduled for:  
**Thursday, April 21<sup>st</sup> (8pm – Location TBC)**

**OFFICIAL BALL:** Molten GG7

**DOPING CONTROL:**

The CCES – Canadian Centre for Ethics in Sport *may* perform random doping control testing at these Championships. The CCES is authorized to administer the collection of samples in accordance with the Canadian Anti-doping Program, as adopted by WBC. More information about the CCES can be found at [www.cces.com](http://www.cces.com). All athlete and coaches should be made aware of this requirement.

**SATURDAY NIGHT BANQUET DETAILS:**

- Location: Coast Kamloops Hotel & Conference Centre
- Saturday, April 23<sup>rd</sup>, 2016 at 6:30pm
- Banquet tickets are included with your team registration for all rostered coaches and athletes
- Additional tickets are \$50.00 and must be requested with your team registration
- Make cheques for additional tickets payable to **BC Wheelchair Basketball Society**
- **Dress for the banquet is business casual or team uniform**

**OTHER INFORMATION:**

- Emergency first aid, trainer/taping service will be made available throughout the weekend onsite at the tournament venue.
- Wheelchair storage will be available at the venue in a shared room capacity
- Free parking will be available at the venue and hotel

<b>CONTACT INFORMATION</b>	<p><b>Sian Blyth</b>, Executive Director  <b>BC Wheelchair Basketball Society</b>  780 SW Marine Drive, Vancouver, BC, V6P 5Y7  <b>Tel:</b> 604-333-3531    <b>Cell:</b> 604 202 7364 <b>Fax:</b> 604-333-3450  <b>Email:</b> <a href="mailto:sian@bcwbs.ca">sian@bcwbs.ca</a>  <b>Website:</b> <a href="http://www.bcwbs.ca">www.bcwbs.ca</a></p>  <p>Tournament information and registration forms will also be available on the Wheelchair Basketball Canada website: <a href="http://www.wheelchairbasketball.ca">www.wheelchairbasketball.ca</a></p>
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<b>DEADLINES</b>	<ol style="list-style-type: none"> <li>1) Flight Arrangements DUE: March 21, 2016</li> <li>2) Book Vans DUE: March 21, 2016</li> <li>3) Team Roster Form DUE: February 8, 2016</li> <li>4) Team Profile Form DUE: February 8, 2016</li> <li>5) Team Transportation Form DUE: March 21, 2016</li> <li>6) Book Hotel Rooms DUE: March 22, 2016</li> <li>7) Team Registration Fee DUE: February 8, 2016</li> <li>8) Team Photo Release Forms DUE: February 8, 2016</li> <li>9) Medical Forms DUE: February 8, 2016</li> </ol>
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**The 2016 CWBL National Championship are made possible by:**





**TEAM REGISTRATION FORM**  
**April 22-24, 2016**

Please return your registration form by: **February 8<sup>th</sup>, 2016**

Name of team: \_\_\_\_\_

Team colors: \_\_\_\_\_

Contact person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone and fax: \_\_\_\_\_

Email: \_\_\_\_\_

**TEAM MEMBERS**

Name	Jersey #	Class	Deductions (if any)	T-shirt Size	Classification Required
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

**COACHES & SUPPORT STAFF**

Name	Title/Role	T-Shirt Size

How many extra Banquet Tickets will your team need? (\$50 x \_\_\_\_\_ = \$\_\_\_\_\_)

Will your team require breakfast at a cost of \$12 pp at the hotel? \_\_\_\_\_

Dietary: Does anyone on your team have special dietary concerns? If so, please explain:

\_\_\_\_\_

\_\_\_\_\_



**TEAM TRANSPORTATION FORM**  
**April 22-24, 2016**

Team Name: \_\_\_\_\_

Contact person: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**FLIGHT INFORMATION**

Please provide your teams travel information below. If the team is travelling at different times, please provide flight information for all groups. Please return to [info@bcwbs.ca](mailto:info@bcwbs.ca) or fax: 604-333-3450 attention: BCWBS.

**Arrivals Information:**

Group #1

Arrival Date:	Arrival Time:	No. People in Group:
Airline:	Flight #:	No. of Sport wheelchairs: ___ Everyday: ___

Group #2 (if applicable)

Arrival Date:	Arrival Time:	No. People in Group:
Airline:	Flight #:	No. of Sport wheelchairs: ___ Everyday: ___

Group #3 (if applicable)

Arrival Date:	Arrival Time:	No. People in Group:
Airline:	Flight #:	No. of Sport wheelchairs: ___ Everyday: ___

**Departure Information:**

Group #1

Departure Date:	Departure Time:	Flight #:
Airline:	Flight #:	No. of Sport wheelchairs: ___ Everyday: ___

Group #2 (if applicable)

Departure Date:	Departure Time:	Flight #:
Airline:	Flight #:	No. of Sport wheelchairs: ___ Everyday: ___

Group #3 (if applicable)

Departure Date:	Departure Time:	Flight #:
Airline:	Flight #:	No. of Sport wheelchairs: ___ Everyday: ___

**Note:** Please return forms by **March 21, 2016** to enable planning for transport, t-shirts, banquet etc..



**TEAM PROFILE FORM**  
**April 22- 24, 2016**

Please complete the following and return to the BCWBS as soon as possible. Please provide a team photo (if possible) with this form. This is the information which will appear in the tournament program.

**Team Name:**

**Home City/Province:**

**Please provide a description / narrative of your team that you would like to appear in the tournament program and media releases. (In addition to team info this is an opportunity to thank sponsors or other supporters of your group.)**

Information you may wish to include:

- How and when was your team formed?
- Highlights from your team's or team member's accomplishments
- Any other interesting facts about your team, players &/or coach(s).
- Team members or coaches involved with the National Team Program?



### IMAGE RELEASE

I, the undersigned, \_\_\_\_\_, or as the parent/guardian of the minor person named below, agree that any photograph, work expressed by any process analogous to photography, video or cinematographic film (the Work) produced by, at the request or under the direction or control of Wheelchair Basketball Canada, and in which I, or the minor person, appears may be used, reused, adapted, altered, cropped, produced, reproduced, published, republished, distributed to the public, communicated to the public by telecommunication, publicly presented as a cinematographic work, presented at a public exhibition, preserved, used, copyright, conserved or archived by Wheelchair Basketball Canada, their representatives, assigns, employees and agents and any person acting under their authority, for any purpose related to departmental programming and its promotion throughout the world and indefinitely including but not limited to, in any publication, broadcast, posting on the Internet (Web) advertising or display.

I, and/or the minor person, grant to Wheelchair Basketball Canada, the right to use, without payment of any fee, charge, or compensation of any kind, including royalties, any and all written information (not including information contained in Medical Forms), about myself taken during games organized by them for, promotional purposes, and I also agree to waive any right to approve such use now and in the future.

I, and/or the minor person, agree not to receive compensation or other payment of any kind, including but not limited to, any royalties for the use of the Work or of any of its material components. I, or the minor person, further waive any right to inspect or approve the content or use of the Work.

I, and/or the minor person, hereby forever release and discharge Wheelchair Basketball Canada, their representatives, assigns, employees, agents and any person acting under their authority of any claims of any kind arising out or in connection with the use of the Work, or of any of its material components, including, without limitation, any and all claims for invasion of privacy, the collection, use, disclosure, publication, sale, distortion of the Work, passing off, misappropriation of personality and libel.

I declare that I have read and understood the foregoing release and authorization before signing below.

Name of Participant: \_\_\_\_\_

Address: \_\_\_\_\_

Name of the Parent/Guardian: \_\_\_\_\_  
(If participant is under the age of majority in their home province)

Address: \_\_\_\_\_

Signature (parent or guardian): \_\_\_\_\_ Date: \_\_\_\_\_  
(If participant is under the age of majority in their home province)

WHEELCHAIR BASKETBALL CANADA

Wheelchair Basketball Canada