

Inscription et information / Tournament Registration & Information

Event: CWBL National Championship 2017

Date: April 7-9 avril, 2017

Location: Centre Sportif UQAM
1212 rue Sanginet,
Montréal, Qc,
H2X 3E7

Competition Format: Competition will begin on Friday morning, April 7th and continue on with the Championship Games taking place on Sunday afternoon, April 17th; followed by the team medal ceremony. The WBC Domestic Committee will determine the format of competition once team attendance is confirmed. Schedule to follow.

Hotel Information: Host Hotel:

Teams will be accommodated at the Hotel des Gouverneurs. The Hotel is located 30 minutes from the airport and 500m from the competition site.

Hôtel des Gouverneurs 1415 St Hubert St, Montreal, QC H2L 3Y9
Phone: 514-842-4881
1-888-910-1111 (free)

Hotel Rooms must be directly booked by each team with the hotel.
Mention booking group code: 170406PARA

Hotel rooms must be booked by Feb 6th 2017 to receive tournament rate and ensure availability.

Please call rooming list directly to the hotels attention.

The following hotel rates will be applied for single to quad occupancy:

- Standard Queen Room (50): \$115/night + tax (for double occupation)
- 135\$/night for triple and 155\$/night for four person occupation
- The doorways in the hotel rooms are 25 and a half inches wide and have a door on them. You can ask the hotel to remove the door and replace it with a curtain to make the doorway one inch larger. If this is something that you are interested in doing, please make sure to notify the hotel of this when making your reservation.

Hotels are within a short distance of many restaurants, food services and gymnasium.

Transportation:

Teams should plan to arrive on Thursday, April 6th and depart on Sunday after 6:00pm

Teams will be asked to provide their own transportation during the tournament. Parasports Québec will ensure the transportation of the sport wheelchairs to the tournament site. STM will provide transportation of the athlete to the Hotel**.

**In case the STM transportation is not working or is canceled, here are some car rental agencies that can be used during the tournament.

Company	Toll Free
Alamo	1800 462-5266
Avis	1800 879-2847
Budget	1800 268-8970
Dollar	1800 800-4000
Enterprise	1800 736-8222
Hertz	1800 263-0678
National	1800 277-7368
Thrifty	1800 847-4389

Registration and Fees:

The tournament registration fee is **\$1000 per team** and includes tournament fee, transportation, banquet tickets (maximum 12 players and 2 coach) and the athlete's package. Please make your cheque payable to **Parasports Québec** and send with your team registration/roster form by **March 1^h, 2017**

In addition, the **refundable performance bond of \$350 per team** must have been received by Wheelchair Basketball Canada by February 17th –this cheque will be returned upon receipt of the registration fee and package by February **6st, 2017.**

Registration will be held at the hotel on the evening of Thursday, April 6th exact time to be determined once team arrival times are confirmed. All teams must check in and pick-up their Welcome Packages.

Awards Banquet:

Banquet will be held on Saturday evening, April 8th.
Extra banquet tickets are available for \$60

Classification:

Any teams who have players seeking classification or a review of their class must indicate this on their registration forms. Classification review procedure can be viewed online at www.wheelchairbasketball.ca

Coaches Meeting:

The Organizing Committee will be hosting a coaches meeting on Thursday evening, April 6th at the Hotel – exact time to be determined. Please ensure a representative from your team is present

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. All athlete and coaches should be made aware of this requirement.

***Contact
Information:***

Martin Gadouas

Parasports Québec www.parasportsquebec.com
4545 Pierre de Coubertin, Montréal, Québec H1V 0B2
Tel: 514-252-3108 ext.3743 **Fax:** 514-254-9793
mgadouas@parasportsquebec.com

***Required
Information &
Deadlines:***

Please forward your **Team Roster, Team Photo, Transportation Form, Team Profile Form, and Registration Fee** (\$1000 per team) by **March 1th, 2017.**

Please note the hotel deadline of February 6th! Rooms will be released after this date.

Please find enclosed the following forms:

- | | |
|----------------------------|--------------------------------------|
| ▪ Performance bond (WBC) | Due February 17 th , 2017 |
| ▪ Team Roster Form | Due March 1 th , 2017 |
| ▪ Team Profile Form | Due March 1 th , 2017 |
| ▪ Team Transportation Form | Due March 1 th , 2017 |
| ▪ Hotel Rooming List | Due February 6 th , 2017 |
| ▪ Registration Fee | Due March 1 th , 2017 |

CWBL National Championship 2016 are support by:

Alignement /Team roster form

Team name:

Team colours

Primary contact:

Adresse :

Phone & fax: Email:

TEAM MEMBERS

<i>Name</i>	<i>#</i>	<i>Class</i>	<i>Class. required</i>	<i>T-shirt size</i>
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

COACHING & SUPPORT STAFF

<i>Name</i>	<i>Title/Role</i>	<i>T-shirt size</i>
1.		
2.		
3.		

How many extra Banquet Ticket does your team need? ____ X \$60 = \$____

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

.....
.....

Enclosure Checklist:

- ☐ Registration Fee - \$1000 (payable to Parasports Québec)
- ☐ Team Profile Form & Team Photo
- ☐ Transportation Information Form

Please return to Martin Gadouas, Parasports Québec
4545 Pierre de Coubertin Montréal, QC H1V 0B2

Tel: 514-252-3108 ext.3647

Fax: 514-254-9793

mgadouas@parasportsquebec.com

DEADLINE: MARCH 1th, 2017

Hôtel / Hotel rooming list

Reservation group: *170406PARA*

Team name:

Primary contact:

Address:

Phone & Fax:

Email:

The following hotel rooms are available for single to quad occupancy:

- Standard Queen Room (50) : (2 double beds)
- Wheelchair Accessible Room (2)

Rooming List

Room	Room Occupants		Room Type
1	1-	3-	<input type="checkbox"/> Standard 2 Double Beds
	2-	4-	<input type="checkbox"/> Accessible 2 Double Beds
2	1-	3-	<input type="checkbox"/> Standard 2 Double Beds
	2-	4-	<input type="checkbox"/> Accessible 2 Double Beds
3	1-	3-	<input type="checkbox"/> Standard 2 Double Beds
	2-	4-	<input type="checkbox"/> Accessible 2 Double Beds
4	1-	3-	<input type="checkbox"/> Standard 2 Double Beds
	2-	4-	<input type="checkbox"/> Accessible 2 Double Beds
5	1-	3-	<input type="checkbox"/> Standard 2 Double Beds
	2-	4-	<input type="checkbox"/> Accessible 2 Double Beds
6	1-	3-	<input type="checkbox"/> Standard 2 Double Beds
	2	4-	<input type="checkbox"/> Accessible 2 Double Beds
7	1-	3-	<input type="checkbox"/> Standard 2 Double Beds
	2-	4-	<input type="checkbox"/> Accessible 2 Double Beds

Please return directly to:

Hôtel des Gouverneurs 1415 St Hubert St, Montreal, QC H2L 3Y9

Phone: 514-842-4881

1-888-910-1111

DEADLINE: February 6th, 2017

Profile d'équipe / Team profile form

This information will be used for the program and media releases relating to the 2017 CWBL Finals. Please provide a team photo, team logo or individual player photo from your team with this form.

Team Name:

How and when was your team formed?

What is your history of participation and results at the CWBL National Wheelchair Basketball Championships?

What are your team's most notable accomplishments or memorable moments?
(ie. national championships, tournament wins, awards, etc.)

List any other interesting facts about your team, players, and/or coaches.
(I.e. has any athlete/coach been to a Paralympics? Has anyone won MVP or had an outstanding performance at a recently? Any mentoring opportunities occurring or other great stories to tell?)

Photo Enclosed: Yes ☐

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Tel: 514-252-3108 ext.3647 **Fax:** 514-254-9793
mgadouas@parasportsquebec.com **DEADLINE: MARCH 1th, 2017**

Transport / Team transportation form

Team name:

Contact :

Phone : **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.

Arrivals Information:

Group #1

Arrival Date:	Arrival Time:	No. People in Group:
Airline:	Flight #:	No. of Wheelchairs:

Group #2 (if applicable)

Arrival Date:	Arrival Time:	No. People in Group:
Airline:	Flight #:	No. of Wheelchairs:

Group #3 (if applicable)

Arrival Date:	Arrival Time:	No. People in Group:
Airline:	Flight #:	No. of Wheelchairs:

Departure Information:

Group #1

Departure Date:	Departure Time:	No. People in Group:
Airline:	Flight #:	No. of Wheelchairs:

Group #2 (if applicable)

Departure Date:	Departure Time:	No. People in Group:
Airline:	Flight #:	No. of Wheelchairs:

Group #3 (if applicable)

Departure Date:	Departure Time:	No. People in Group:
Airline:	Flight #:	No. of Wheelchairs:

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Tel: 514-252-3108 ext.3647 **Fax:** 514-254-9793

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DEADLINE: MARCH 1th, 2016



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)

DECLARATION

Wheelchair Basketball Canada

wheelchairbasketball.ca

6 Antares Drive, Phase 1, Unit 8, Ottawa, Ontario K2E 8A9
T: 613-260-1296 F: 613-260-1456