



Coloplast

2008 Canadian National Wheelchair Rugby Championships
Championnat canadien de rugby en fauteuil roulant 2008
Humber College (North Campus), Toronto, ON, May 9th – May 11th, 2008



Presented by: Ontario Wheelchair Sports Association

Sanctioned by: Canadian Wheelchair Sports Association

Committee Contact:

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This year, the wheelchair rugby national championships brings us back to the venue of the [2nd IWRF World Championships](#), which were held at Humber College in June, 1998. We are pleased to welcome the best in Canada as we have welcomed the best players in the world.

GENERAL INFORMATION

- Arrival:** Please schedule your airline ticket to have teams arrive by 7:00pm Thursday
- Registration Fee:** Provincial Teams – \$1,300 / team
Provincial “B” Teams (the second team registered by any one province/territory) \$500.00/ team
- Maximum 10 people - players and staff
 - \$50/person (after 10 people on the roster)
- This fee includes:
- Airport Transportation **provided on Thursday and Sunday (Monday transportation will be limited)**
 - Hotel to Humber College (return transportation)
 - Banquet tickets for up to 10 Provincial Team Members (\$25 extra for “B” Team members, as these teams are paying a substantially lower team fee)
 - Breakfast and Lunch on Friday, Saturday, & Sunday
 - An additional dinner will also be provided on Friday night
 - Registration bag
- Classification:** 13:00 – 18:00 – Thursday at the accommodations at Humber College
08:00 – 09:15 – Friday at the gymnasium
- The Championship:** Division I and Division II will play in separate pools
- Seeding and format will be determined by the National Seeding Committee upon the registration of all teams
 - Division I Pool will compete for the National Championship (The Campbell Cup)
 - Teams in the Division II Pool will compete for The Zbieranowski Cup
- Location: **Humber College (North Campus)**
205 Humber College Blvd, Toronto, ON M9W 5L7
The Main Gym is located in the Athletics Centre (see map)
- Campus Map <http://humber.ca/maps/HumberNorthCampusMainFloorPlan.pdf>
 - A lunch will be provided on Friday, Saturday & Sunday
- Games Start: **9:30am Friday Morning!! Please book your flights accordingly!**
- Annual Meeting:** Provincial Delegates and the Canadian Wheelchair Rugby Committee
- Location & Time: Thursday evening, May 8, 2008, from 19:00 – 22:00, at Humber College, in a room yet to be determined.

HOTEL INFORMATION

The official accommodations for the championships are at Humber College (North Campus), which is within an easy wheeling distance to the venue.

Details: HUMBER COLLEGE (Conference Services)
203 Humber College Blvd, Toronto, ON M9W 6V3

Amenities

- parking included
- Free local calling
- Free Internet (You must bring your own Ethernet Cord)
- Kitchenettes in all suite rooms (include a fridge and microwave)
- Please note there are no televisions in the rooms (TVs in common rooms)

Reservation Information: Please make your reservations directly with Humber College.

ACCOMMODATIONS IN THE SUITE ROOMS IS LIMITED TO PLAYERS, TEAM STAFF, OFFICIALS, AND PERSONAL ATTENDANTS. ALL FAMILY, FRIENDS, AND FANS ARE ASKED TO USE THE DORM ROOMS (single bed rooms) OR THE NEAR BY HOTELS IN ORDER FOR ALL ATHLETES TO RECEIVE PRIORITY ATTENTION (the reservation list will be reviewed). Please note some support personnel may be asked to move to dorm style rooms in order to ensure proper accommodations for athletes. Thank you!

All Teams have been allocated 7 (seven) 2-Bedroom Suites (Total=14 bedrooms). Some 3-Bedroom and 1-Bedrooms Suites are available but limited. Teams requiring additional accommodations beyond the 14 allocated must use the dorm rooms. Booking deadline is April 10th. Any suites not booked by the deadline will be released and made available on a first come first serve basis.

Booking Procedure

- 1) Contact Humber College at 1-888-548-6327 or 416-675-5027
- 2) Let the booking attendant know that you are part of the "Canadian Wheelchair Rugby Championships" and what team you are part of (i.e. "Quebec A")
- 3) Should you have any problems or have questions regarding booking, please contact Michael Suraci at 416-426-7189.

Room Information:

Dorm Rooms* (not recommended for athletes)	cost: \$30.00 / night
1 – Bedroom Suites (5 available, 5 double beds)	cost: \$56.95 / night
2 – Bedroom Suites (60 available, 120 double beds)	cost: \$79.95 / night
3 – Bedroom Suites (7 available, 21 double beds)	cost: \$103.95 / night

* These are private rooms with a communal washroom

Book early – The cut off date is April 10th, 2008.

**** Alternate Accommodations - [Comfort Hotel Airport North](#) (about 2 km from Humber College)**

445 Rexdale Boulevard, Toronto, ON, M9W 6K5

Phone: (416) 740-9500 ; Rooms: \$95 – \$110.00 (standard room based on website as of Jan. 16th, 2008

**** There are a lot of other hotel options with varying prices near by as Humber is close to the Airport.**

BANQUET

Nationals Banquet:

Extra tickets are available until May 1st, 2008

- Cost: \$ 25.00
- Contact: Michael Suraci
- Phone: 416-426-7189
- Fax: 416-426-7361
- E-mail: info@ontwheelchairsports.org



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Please return with your registration fee by April 10th, 2008. Earlier registrations are appreciated. Thank you!

Name of team: _____
 Team colours: _____
 Contact person: _____
 Address: _____
 Phone and fax: _____
 E-mail address: _____

Player's Class	Player's Name	Jersey #	Shirt Size	Classification Required?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total number of your team's players = _____

Team Staff Member's Name	Title	Shirt Size
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total number of your team's staff = _____

Dietary

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

Classification

Does anyone on your active roster require classification or review of their classification? If so, please indicate that need on the previous page, and provide their name, where and when they were classified, and their current class in the area below:

Name(s)	Current Class	When & Where they were last Classified

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Transportation

Team: _____
 Method of travel: _____
 Number of people on flight: _____
 Number of additional wheelchairs: _____
 Will you need transportation to the hotel: Yes: _____ No: _____

Airline & Flight #: _____

Arrival Date: ____/____/____ **Time:** _____

Departure Date: ____/____/____ **Time:** _____

Accommodation – Rooming List (REMEMBER: Book your own rooms!)

1. _____ and _____
2. _____ and _____
3. _____ and _____
4. _____ and _____
5. _____ and _____
6. _____ and _____
7. _____ and _____
8. _____ and _____

Note: Please return both forms, with your cheque, to the **Ontario Wheelchair Sports Association** by **April 10th, 2008** to enable planning for transportation, lunches, t-shirts, and the banquet.
 Ontario Wheelchair Sports Association, #102-1185 Eglinton Ave. E., Toronto, ON, M3C 3C6, Tel: 1-416-426-7189

Details	Amount	Quantity	Sub-Total
Provincial Team Registration	\$ 1,300	_____	\$ _____
Additional team members beyond 10 / team	\$ 50	_____	\$ _____
Provincial "B" Team Registration	\$ 500	_____	\$ _____
Provincial "B" Team banquet tickets	\$ 25	_____	\$ _____
Other requested banquet tickets	\$ 25	_____	\$ _____
GRAND TOTAL SUBMITTED TO THE OWSA			\$ _____

REGISTRATION DEADLINE: April 10th, 2008. Earlier registrations are very much appreciated.



Participant Waiver and Release of Liability

Release and Indemnity:

I hereby release and discharge Coloplast Canada Corporation (CCC), the Ontario Wheelchair Sports Association (OWSA), the Canadian Wheelchair Sports Association (CWSA) and all affiliated and associated organizations, together with their respective trustees, directors, officers, employees, and agents, of and from any and all demands, claims, causes of action, suits, damages, judgments, or liabilities of any kind or nature whatsoever, arising out of or in any way related to the Participant's involvement in the **Coloplast 2008 Canadian National Wheelchair Rugby Championships**, including any personal injury or death or loss or damage to property, which the Participant may suffer or incur as a result of participation in such program, whether or not caused by the negligence or wrongful acts of such persons or any agents, servants or employees of any of them. This release shall be binding upon heirs, next of kin, guardians, executors, and administrators of the Participant. I do further agree to indemnify and hold harmless each of them, of and from any and all claims, demands or actions of any kind or nature whatsoever arising out of any injury or damages incurred by the Participant. In signing this release, I acknowledge and represent that I am over 19 years of age, I am of sound mind, I have read this release, understand it, and sign it voluntarily, and that this paper contains the entire agreement between myself and the OWSA, CCC, and the CWSA. _____ (*initial*)

Audio/Visual Consent:

I hereby consent and authorize the taking of photographs, movies, films, videotapes, tape recordings, or reproductions (collectively, "Reproductions") of the participant and consent to use, copyright, license, publication or broadcast of the same for advertising, educational, promotional, or publicity purposes on the part of CCC and the CWSA and by its affiliated and associated organizations, including its directors, officers, agents, servants and employees. I hereby grant and assign to the CWSA and CCC the right, title, and irrevocable authority and interest to such Reproductions. I waive any and all claims for compensation related to or arising out of the publication and dissemination of the same of any lawful purposes. I further authorize the communication of information concerning the undersigned in connection with the utilization of such Reproductions by the CWSA, its affiliated or associated organizations, and their respective directors, trustees, officers, agents, servants and employees without claim for compensation and waive all claims related to or arising out of the publication and dissemination of the same. _____ (*initial*)

This instrument and the rights granted herein shall ensure to the benefit of CCC and the CWSA, as well as to the benefit of its successors, assignees, affiliates, licensees and designees.

In consideration of the foregoing, CCC and the CWSA have given me good and valuable consideration simultaneously herewith, receipt of which I hereby acknowledge. I further acknowledge that I am to receive no further payment in connection with the use or exploitation of the rights of CCC and the CWSA hereunder.

In Witness Whereof I have hereunto set my hand and seal this _____th day of _____, 2008.

PRINTED Name of Participant

Name of competing team

SIGNATURE of Participant or Parent / Guardian (*if participant is under 19 years of age*)