



**READY TO GET ACTIVE AND HAVE FUN?**

## **BCWBS - TIM FRICK CITY LEAGUE WINTER 2011**

BC Wheelchair Basketball and Douglas College are thrilled to offer the **BCWBS - Tim Frick Winter 2011 City League**. The lower mainland City League will consist of 9 weekly game nights, where new players, juniors, and some seasoned retirees can develop their game skills and have some competitive fun! The *Winter '11 City League* will be hosted at Douglas College, in New Westminster on **Tuesday evenings**. The structure of the league will include nightly skill sessions and games. The detailed structure will be determined once the number of the participants is confirmed.

**Early Bird registration deadline is Monday, December 20<sup>th</sup>, 2010**

**Registration will be limited so be sure to register early!!!**

<b>Event:</b>	<b>Lower Mainland Winter '11 Tim Frick City League</b>
<b>Dates:</b>	<b>Tuesdays:</b> Jan 11 <sup>th</sup> – Mar 8 <sup>th</sup> (9 weeks)
<b>Time:</b>	7:30 – 9:30pm (15 min Skill Sessions Included)
<b>Location:</b>	Douglas College Gymnasium, 700 Royal Avenue, New Westminster, BC * Accessible pay parking available underground * 1 block from Skytrain
<b>League Fees:</b>	<b>Current Members (2010-11 Season)</b> <b><u>\$45.00</u></b> received by Dec 20 <sup>th</sup> , <b><u>\$55.00</u></b> received after Dec 20 <sup>th</sup>  <b>Non-Members (Includes 2010-11 Season BCWBS Membership)</b> <b><u>\$65.00</u></b> received by Dec 20 <sup>th</sup> , <b><u>\$75.00</u></b> received after Dec 20 <sup>th</sup>
<b>Registration Benefits:</b>	<ul style="list-style-type: none"><li>• 1 Year BCWBS Membership - Go to the BCWBS website for membership details and benefits <a href="http://www.bcwbs.ca">www.bcwbs.ca</a></li><li>• BCWBS City League Reversible Playing Jersey (if you are new)</li><li>• 8 Game nights with Referees and Skill Sessions (Plus the orientation and introduction night - the 1<sup>st</sup> night.)</li><li>• Access to equipment</li><li>• Individual League Recognition Awards</li><li>• Program Insurance Coverage</li></ul>
<b>Equipment:</b>	<ul style="list-style-type: none"><li>• All participants must wear the BCWBS approved City League reversible for all city league games.</li><li>• Participants are primarily responsible for their own equipment; a sport wheelchair, tires, tubes, straps etc. When necessary BCWBS can assist participants in acquiring the equipment and accessories. A limited number of sport wheelchairs are available for those who do not already have their own so please request early or indicate this on your registration form.</li><li>• Sport chairs can also be rented on an annual or monthly basis from BCWBS. For more information on the wheelchair loan program go to <a href="http://www.bcwbs.ca">www.bcwbs.ca</a></li></ul>
<b>Contact Information:</b>	<b>Makiko Harada &amp; Joe Higgins</b> BC Wheelchair Basketball Society #210-3820 Cessna Drive, Richmond, BC V7B 0A2 Tel: 604-333-3532 Fax: 604-333-3450 Email: <a href="mailto:makiko@bcwbs.ca">makiko@bcwbs.ca</a> or <a href="mailto:joe@bcwbs.ca">joe@bcwbs.ca</a>

## BCWBS Winter '11–Tim Frick City League Registration / Membership Form

**EARLY REGISTRATION DEADLINE – MONDAY, DECEMBER 20, 2010**

Name		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Address			
City/Prov		Postal	
Phone	Home -	Work -	
	Cell -		
Email		Date of Birth	

\*BCWBS will not collect, use or disclose your personal information without your consent.

### **General Program Information Required**

Disability		Classification (if known)	
Will you need to borrow/rent BCWBS sports wheelchair?      Yes <input type="checkbox"/> No <input type="checkbox"/>			
<i>* The number of wheelchairs is limited. Please bring your own wheelchair if you have one.</i>			
Level of Experience:		# of Previous City League Participated:	
Do you have a BCWBS City League blue & white reversible?      Yes <input type="checkbox"/> No <input type="checkbox"/>			
<i>If no, please indicate size    S ___    M ___    L ___    XL ___    2XL ___</i>			
Do you have any medical concerns?      Yes <input type="checkbox"/> No <input type="checkbox"/>			
<i>If yes, please specify.</i>			

### **Registration Fees**

- Early Bird Registration Fee**  
\$45.00 (current members) / \$65.00 (non-members) – Received by December 20, 2010
- Registration Fee**  
\$55.00 (current members) / \$75.00 (non-members) – Received after December 20, 2010

Enclosed:       cash  cheque (payable to BC Wheelchair Basketball Society)

Visa and Mastercard payments also accepted – please call BCBWS office 604-333-3530

### **All program registration fees include a 1 Year BCWBS Membership**

- Current members (excluding juniors) have the right and opportunity to vote at the BCWBS AGM
- All members agree to adhere to the policies and procedures of the BC Wheelchair Basketball Society (BCWBS) and BC Wheelchair Sports Association (BCWSA) as BCWSA membership is included with your membership.
- All BCWBS members and city league participants must also sign an athlete code of conduct to participate.
- BCWBS membership is due annually and must be current to participate in BCWBS programs.

### **CONSENT AND WAIVER**

*I, the participant, on behalf of myself, members of my family, my heirs, executors, administrators and assigns, hereby forever release, discharge and hold harmless BC Wheelchair Basketball and all other associations and sponsoring companies and all other parties, including agents, other associations and sponsoring companies, connected with BCWBS City League, for any injury, loss or damage to my person or property howsoever caused, arising out of or in connection with my taking part in the BCWBS City League and activities and notwithstanding that the same may have been contributed to or occasioned by the activities of BC Wheelchair Basketball and all other parties, including agents, servants and volunteers of BC Wheelchair Basketball, other associations and sponsoring companies. I also give full permission for use of my name, image and/or photograph in connection with this event. \* We respect your privacy, and will not sell or share your personal information with any other party or organization without your consent*

Signature \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_  
(if under the age of 19 yrs)

Date \_\_\_\_\_

