



**PEI-ÎPÉ
2023
JEUX DU
CANADA
GAMES**

TEAM BC REGISTRATION GUIDE 2023 CANADA WINTER GAMES

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OVERVIEW

Welcome to the 2023 Canada Winter Games Participant Registration Guide. This document outlines how to register as a participant for Team BC for the PEI 2023 Canada Winter Games.

REGISTRATION PROCESS & QUESTIONS

Before you begin your online registration, please ensure you have the following information available:

General Information:

- Legal name (as it appears on your identification)
- Preferred name (as it will appear on your Games ID badge)
- Contingent (British Columbia)
- Participation Type (Athlete, Coach, Manager, Technical Support, Guide, or Athlete Assistant)
- A photo that meets the following parameters:
 - A head and shoulders photo
 - Your face **MUST** be completely visible
 - You must not be wearing a hat or other head gear or wearing sunglasses
 - This photo will be seen publicly on the Games and Team BC websites, so be professional in your presentation.
 - Ensure the picture is of passport quality, clear, sharp, and in focus, taken straight on with face and shoulders centered and squared to the camera, eyes open, and face clearly visible.
- Current mailing address
- Phone numbers (at least one)
- Email address
- Gender identity
- Preferred pronouns
- Date of Birth
- Preferred Language
- Clothing size (Unisex XS to 4XL)

Sport:

- Sport you are competing in or supporting
- Events you will be competing in or supporting

Emergency Contact Information:

- Name
- Relation to you
- Phone numbers (at least one)
- Email address of the emergency contact

Family Physician Information:

- Name
- Phone number
- Email address

Personal Medical Information:

- Personal Healthcare Number (PHN)
- Current conditions and past medical history
- Medication information
- **Note:** The medical section is confidential, only Team BC Medical Staff and the Host Society Medical Staff are authorized to access this information. You may be contacted by the Team BC Medical Manager if further clarifications are required

Dietary Considerations:

- Indicate any food sensitivities/allergies, disease related diet or other diets that you follow

Biographical Information:

- Height (cm)
- Weight (kg)
- Hometown
- How many years have you participated in your sport or discipline
- Club or Team Affiliation
- Coach
- Your Position on the Team
- Instagram Username
- List any other Canada or Provincial games you have participated in (note year)
- Your most recent athletic or artistic accomplishments in your sport or discipline (i.e. provincial, national championships or other Games)
- What are your goals for the Games?
- Your personal best result in your sport/event.
- List any awards or major accomplishments that you have received (note the year).
- Who is your personal role model and why?
- Why/how did you get involved in your sport?
- **Note:** You are encouraged to enter information to present your past experiences and reflect your personality in the information. Biographical information will be available to media, family, and friends through the public websites. Please be respectful and appropriate in your answers.

Statistical Information:

- Are you an Aboriginal person? (North American Indian or a member of a First Nation, Métis, or Inuit)
- Are you a member of a visible minority? (Persons other than an Aboriginal person (as defined above) who is non-Caucasian in race or non-white in colour, regardless of place of birth)
- Are you a person with a disability? (Persons who have a long-term or recurring physical, mental, sensory, psychiatric or learning impairment)
- Which racial or ethnic group best describes you?
- Are you a Canada Games Alumni?
- Would you like to receive the Canada Games Council newsletter?

Consent

- You will be required to agree to the Canada Games terms
- If you are under 19, your parent/guardian is required to review and agree to the terms of the participant release, waiver and consent, and medical consent during the registration process. This can be done by having your parent/guardian complete the Parent/Guardian Consent as you get to this section of your registration.

* **Note:** On this page you will also find a link to the Team BC Waiver and Code of Conduct. These must also be completed. You can link directly to this here – <https://form.jotform.com/1bcgamessociety/23CWGWaiver>.

Password

- You will create a password for your record, which you can use to update information

REGISTRATION PROCESS

Step 1:

Select the correct link for your role from the list below.

Participant Type	English Link
Athlete	http://bit.ly/3UHNHsm
Coach	http://bit.ly/3UJ11q1
Apprentice Coach	http://bit.ly/3E5KThq
Manager	http://bit.ly/3UDigzk
Technical Support	http://bit.ly/3ELvdSp
Guide	http://bit.ly/3tw0u5j
Participant Assistant	http://bit.ly/3hLHlcO
Caregiver for Infant	http://bit.ly/3AmWJTr
Venue Pass Holder	http://bit.ly/3TI3fLx

Step 2:

Fill out the online form with your personal information. Refer to pages 1–3 for information that must be submitted.

Registration Notes:

1. Be sure to enter a valid email address, as your login details and important 2023 Canada Winter Games information will be sent to your email address.
2. If you are an athlete, do not forget to **select your sport and the events** in which you will be competing.
3. To upload your photo, select the photo box on the right side of the screen. Follow the instructions to upload, crop, and format your photo.

Athlete

* Fields marked with this asterisk are mandatory and must be entered.

Cancel Save

Full legal name: First name, Middle name, Last name
Please enter your full legal name as it appears on your photo ID (e.g. your passport)

Preferred name: First name, Last name
Please enter the name you would like to appear on your Games ID badge.

Name on ID badge: Contingent

Participation type: Athlete

Show all Hide all

General Information

Address: Address line 1, Address line 2, City, Postal code, Country, Province/Territory

Phone: Primary, Secondary, Work

Preferred pronouns

Click here to upload a picture

Be sure your photo meets the following parameters:

- A head-shot photo. The image must include your head only. You must be facing forward. Your whole face **MUST** be completely visible.
- You must not be wearing a hat (or other head gear) or sunglasses.

Remember that this photo will be seen publicly on the Games and Team BC websites, so be professional in presentation.

Step 3:

Complete the **Personal Medical Information Section** (applies to all Team BC participants including coaches, managers, and staff).

- Please collect and enter **all medical information at one time** to avoid information being missed.
- Any information in the Personal Medical Information Section that is **left blank once your PHN has been entered**, will be interpreted as **“not applicable”**.

- All participants **must** include their Personal Health Number (PHN) at minimum.

Personal Medical Information

Provincial/Territorial Health Card Number

- All remaining medical information is only required where it applies to you.

Personal Health Insurance Insurance Provider Plan number Insured party

Please give details of any current medical problems or concerns:

Please list your past medical history (hospitalization, surgery, serious illness/injury, other):

If you have any significant family medical history (heart disease, diabetes, etc) please note below:

Do you have any allergies? If yes, what are they and do you use an epipen?:

Status of vaccination

Year

DPT - Diphtheria, Pertussis and Tetanus	<input type="text"/>	<input type="text"/>
Influenza (flu shot)	<input type="text"/>	<input type="text"/>
MMR - Measles, Mumps and Rubella	<input type="text"/>	<input type="text"/>
Polio	<input type="text"/>	<input type="text"/>
COVID-19 - First dose	<input type="text"/>	<input type="text"/>
COVID-19 - Second dose	<input type="text"/>	<input type="text"/>
COVID-19 - Booster dose	<input type="text"/>	<input type="text"/>

Have you had any of the following injuries or conditions in the previous 6 months?

<input type="checkbox"/> Asthma / breathing problems	<input type="checkbox"/> History of seizures / epilepsy	<input type="checkbox"/> Skin condition
<input type="checkbox"/> Bleeding or blood disorder	<input type="checkbox"/> Infectious disease	<input type="checkbox"/> Trauma or overuse to any joint/bone
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Major surgical procedure	<input type="checkbox"/> Trauma or overuse to any ligament/tendon
<input type="checkbox"/> Head injury / concussion	<input type="checkbox"/> Mononucleosis	<input type="checkbox"/> Other
<input type="checkbox"/> Heart disease / heart infection	<input type="checkbox"/> Neck or back injury	

Please elaborate if you checked off any of the above:

Do you take any medications on a regular basis? If yes, please specify:

Do you have any access needs or disability accommodations? If yes, please specify:

Do you wear or use any of the following?

<input type="checkbox"/> Contact lenses	<input type="checkbox"/> Sport mouth guard	<input type="checkbox"/> Prosthesis
<input type="checkbox"/> Eye glasses	<input type="checkbox"/> Dental appliance(s)	<input type="checkbox"/> Wheelchair (for competition)
<input type="checkbox"/> Orthopedic brace(s)	<input type="checkbox"/> Hearing aid / ear Implant	<input type="checkbox"/> Wheelchair (for daily use)
<input type="checkbox"/> Shoe Orthotic	<input type="checkbox"/> Catheter	<input type="checkbox"/> Other Gait Aid

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Notes:

- For any **allergy** listed, please state whether or not it is **anaphylactic** and whether or not you have an **EpiPen**.

- **Routine and Covid-19 vaccinations** are not mandatory, but are highly recommended. The [Health Gateway](#) may provide dates of vaccinations if administered in BC.

- **Medications** include **prescription medications, over-the-counter medications, and any supplements.**

For each medication, state:

- **Medication name**
(ex: “diclofenac” rather than “anti-inflammatory”)
- **Specific dose**
(ex: 10mg)
- **Frequency of use**
(ex: daily, as needed, monthly)
- **Mode of delivery**
(ex: topical, oral, injection, inhaler)

- If you make changes to your medical information after your PHN has been entered or your health status changes, simply notify Team BC Medical Manager Beth Rizzardo at medical@teambc.org to ensure the updates are captured.

- Contact Beth with any questions or concerns. She may contact you privately at the email address associated with your profile if further clarifications are required.

Step 4:

At the bottom of the electronic registration form in the **Consent** section, you will need to agree to all of the waivers noted below.

1. Submit the online Team BC waiver and code of conduct – <https://form.jotform.com/1bcgamesociety/23CWGWaiver>
2. Agree (select Yes) to the statement at the bottom of the Consent section.

Consent

Please note, additional steps may be necessary in order to complete your registration. Please review the information below and follow the appropriate steps.

Participant release waiver and consent & medical consent: If you are under the age of majority in your province/territory, your parent/guardian is required to review and agree to the terms of the the participant release, waiver and consent, and medical consent. This can be done by having your parent/guardian complete the Parent/Guardian Consent section below.

Provincial/Territorial code of conduct: Each participant must also select the following [link](#), choose the form corresponding to your province/territory, and follow the identified steps to complete and submit the code of conduct to your provincial/territorial team.

By selecting "Yes" you are indicating that you have read and agree to the terms of the [participant release, waiver and consent](#), and [consent for assessment and treatment](#).

Accept *

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Participants under 19 years of age on February 18, 2023:

If you are under 19, your parent/guardian is required to review and agree to the terms of the participant release, waiver and consent, and medical consent during the registration process. This can be done by having your parent/guardian complete the Parent/Guardian Consent.

Step 5:

Enter and confirm your password then click **Apply** to complete your registration.

Password

The password must be at least 8 characters long and one of the characters must be a symbol.
Choose from one of these: !@#\$%^&*()_+ =

Password *

Confirm password *

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Cancel Apply

Note: Your password MUST be at least 8 characters long and MUST include:

- At least one of these symbols: !@#\$%^&*()_+ =

Step 6:

A confirmation page should be displayed on your screen to let you know your registration has been completed successfully.

Step 7:

You should receive an email shortly after you have completed the registration to the email address you have specified during your registration. Check to ensure you have received this. If you do not see it in your Inbox, be sure to check your Spam/Junk Mail folder.

Step 8:

FINAL REGISTRATION REQUIREMENT

The last step to complete the full registration process is to complete the CCES online education course. Your coach has been provided the information you will need to complete this course so be sure that you get this completed before the deadline! (January 27, 2023).

UPDATING YOUR PROFILE

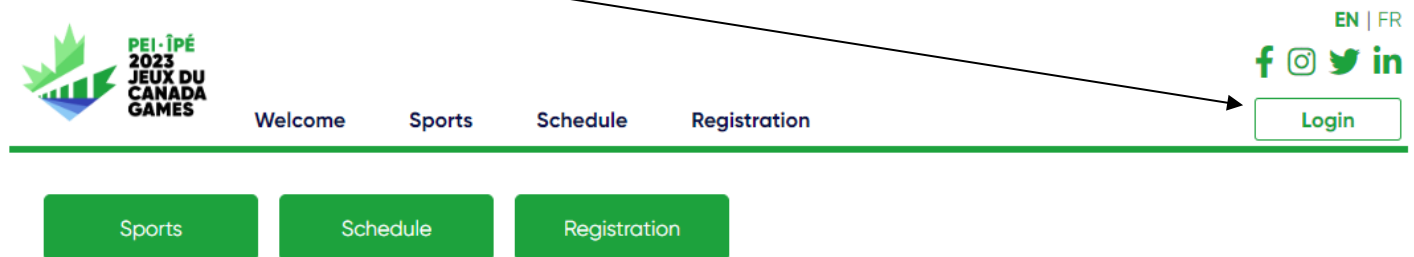
Once you have created a profile and would like to update your information, follow the steps below to help guide you through accessing your profile and updating your information.

Step 1:

Visit the PEI 2023 Canada Winter Games Registration site at: <https://cg2022.gems.pro/>

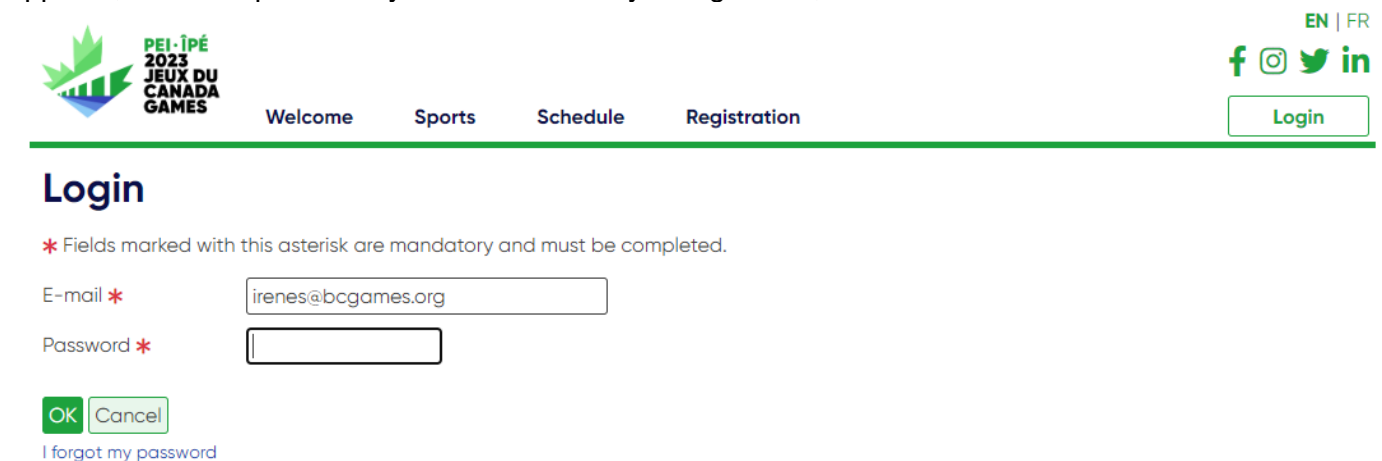
Step 2:

Select **Login** on the top right.



Step 3:

Login to your profile using the User ID provided in your registration email and when the Password field appears, enter the password you created when you registered, then click **OK**.



Step 4:

Fill in missing information in your profile and/or verify any of the information that has already been entered. **Be sure your information is complete.**

GETTING SUPPORT

If you are having problems with your profile or have questions around the documents that must be signed before the Games, contact Team BC at registration@teambc.org or by phone 250-387-1375.