

Team Ontario Participant



Registration User Guide



TEAM ONTARIO PARTICIPANT REGISTRATION PROCESS

Welcome to the Team Ontario registration process. The fact that you have made it this far means you are either a high performance athlete with a high potential to represent Team Ontario at the 2011 Canada Winter Games or you have already been selected to compete. Team Ontario would also like to congratulate the coaches and managers who have been selected to assist our Ontario athletes in attaining their goals and once again capture the Canada Games Flag. The Games will be your opportunity to display your talents and dedication for your sport.

The information that is required for the registration process is crucial for the smooth operation of the Canada Winter Games. It is important that the information that you submit is accurate, serious and complete as the information that you provide will be used for accreditation, medical emergencies, and media for the 2011 Canada Winter Games.

Team Ontario registration will be completed online. Listed below are all the sections of the online registration system. Please provide as much information to support your registration. The registration process will touch on the following sections:

- | | |
|----------------------------------|---------------------------------------|
| 1. Participant Photo | 9. Family Physician |
| 2. Personal Details | 10. Dental Provider |
| 3. Contact Information | 11. Eye Care Provider |
| 4. Personal Information | 12. Language |
| 5. Sport Details | 13. Additional Background Information |
| 6. Emergency Contact Information | 14. Athletic/Artistic accomplishments |
| 7. Medical Information | 15. Code of Conduct / Policies |
| 8. Vaccinations Received | |

As part of the registration process, all Team Ontario participants are required read, accept and abide by the code of conduct and Team Ontario member agreement. Registrants will be prompted to do so during the final stages of registration. If you are under the age of 18, you will require signatures from your parents or legal guardians

All selected and potential Team Ontario members MUST complete the registration by Thursday January 6, 2011 in order to be eligible to represent Team Ontario at the 2011 Canada Winter Games.

Even if your sport has not completed the selection process, it is imperative that potential team members participant complete the registration by January 6 in order to be eligible and have their information accepted by the host society in the even that they are on the final team roster.

Team coaches and managers have until **Tuesday January 11, 2011** to notify Mission staff of final team complement. If you require any assistance, please consult your Mission Staff.

The following are the things that you need on hand before you can begin the registration process:

- Emergency contact information (name and phone number)
 - Family physician information (name and phone number)
 - Dentist & optometrist information if applicable (name and phone number)
 - Medical information
 - Immunization records (diphtheria, polio, tetanus, meningococcal, Pertussis (whooping cough), Flu Shot, Measles - Mumps - Rubella (MMR) - year each was administered)
 - Photo as per the specifications mentioned below
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- Please ensure that all aspects of your registration are appropriate and professional.
 - The information that you provide in your registration will be used by the host organizers and media, Team Ontario mission staff will be validating the contents of your registration for appropriateness. Remember, this is your chance to market yourself and your sport. Please take this opportunity seriously.
 - When you are ready to start, log on to the Team Ontario website: www.teamontario.info. Follow the links to registration and you will be directed to the participant registration website: <http://sao.sportforge.com/teamontario/registration/>
 - Although you must download all four waiver forms, the registration site is hosted on a security enabled and encrypted site and we can assure you that these documents are safe to download.

COMPLETING YOUR REGISTRATION

The following screenshots will give you an idea of the registration process and the questions that will be asked of you.



NOTES ON UPLOADING A PICTURE

- Please ensure that the picture is a head and shoulder shot in vertical or portrait orientation.
- Your picture should be free of any insignias or logos that are in contravention with Team Ontario.
- No hats, sunglasses or action shots.
- File type must be **.jpg**.
- Rename your photo to your first and last name.
- Photo must be in colour.
- Maximum width of 500 pixels and maximum height of 800 pixels.
- Upon selection of your photo **wait** until the photo is uploaded and is displayed in the browser before proceeding with the registration.
- **Please note:** Team Ontario may replace your selected photo with headshots to be taken at the Team Ontario Training Camp or Sport Specific Training Camps.



3. Contact Info

* Address:

* City:

* Postal code: (no spaces)

* Province of Residence:

Primary Phone: () -


Secondary Phone: () -

Alternative Phone: () -

Fax: () -

4. Personal Info

* Gender:

* Date of Birth (dd-mm-yyyy): 

* Preferred Language:

Height: cm *OR* in

Weight: kg *OR* lbs

* Shirt Size:

Dietary Requirements:

Do you have any allergies to foods, medicines or others? Please identify

* Do you require sign language interpretation services?

* Are you a member of a visible minority (persons other than Aboriginal peoples, who are non-Caucasian in race or non-white in colour)?

* Are you a person with a disability (persons who have a long-term or recurring physical, mental, sensory, psychiatric or learning impairment who (a) consider themselves to be disadvantaged in employment by reason of that impairment, or (b) believes that an employer or potential employer is likely to consider them to be disadvantaged in employment by reason of that impairment, and includes persons whose functional limitations have been accommodated in their current job or workplace)?

* Aboriginal people are those who identify themselves to be Status Indian, Non-Status Indian, Inuit or Métis. Based on this definition, are you an Aboriginal person?

5. Sport Details

Participant Type:



NOTE FOR ATHLETE PARTICIPANTS:

- Where applicable, please ensure that you select all the events that you have been chosen for or events that you intend to compete in.

5. Sport Details

Participant Type:

Sport:

Disciplines

Giant Slalom

- Female
- Male
- Para Female
- Para Male

Slalom

- Female
- Male
- Para Female
- Para Male

Super-Combined

- Female
- Male

6. Emergency Contact Information

* First name:

Middle name:

* Last name:

* Relation:

* Primary phone: () -

Secondary: () -

Alternative: () -

E-mail address:

must be a valid e-mail address

7. Medical Information

Ontario Health Card Number:

Name of Supplementary Medical Plan:

If applicable

Plan number of Supplementary Medical Plan:

Province/Territory of Supplementary Medical Plan:

Please give details of any current medical problems or concerns:

Please give the details of any significant medical history including previous surgery, injuries or illnesses:

If you have any significant family medical history please note here:

Heart disease, diabetes, etc

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

- Head injury / concussion
- Major surgical procedure
- Neck or back injury
- Trauma or overuse to any joint/bone
- Trauma or overuse to any ligament/tendon
- Asthma / breathing problems
- Bleeding or blood disorder
- Diabetes
- Heart disease / Heart infection
- History of seizures / epilepsy
- Infectious diseases (lung, bone, kidney)
- Skin conditions (including infection)
- Mononucleosis
- Other
- Disabilities

If you checked off any of the above conditions, please elaborate:

e.g. Explain treatment; present symptoms, if any; If applicable, how long were you unable to train?

If you are currently taking any medication, please note here:

Including prescription, non-prescription and birth control

Do you wear or use any of the following?

- Eye glasses
- Contact lenses
- Dental appliance(s)
- Hearing aid / ear Implant
- Orthopedic brace(s)
- Wheelchair / Other Gait Aid
- Prosthesis
- Catheter
- Sport Mouth Guard
- Shoe Orthotic

8. Vaccinations Received

Tetanus:	<input type="checkbox"/>	<input type="checkbox"/>
Diphtheria:	<input type="checkbox"/>	<input type="checkbox"/>
Polio:	<input type="checkbox"/>	<input type="checkbox"/>
Meningococcal:	<input type="checkbox"/>	<input type="checkbox"/>
Pertussis (whooping cough):	<input type="checkbox"/>	<input type="checkbox"/>
Flu Shot (2010 - 2011):	<input type="checkbox"/>	<input type="checkbox"/>
Measles - Mumps - Rubella (MMR):	<input type="checkbox"/>	<input type="checkbox"/>

9. Family Physician

First Name:	<input type="text"/>
Middle Name:	<input type="text"/>
Last Name:	<input type="text"/>
Primary phone:	(<input type="text"/>) <input type="text"/> - <input type="text"/>
Secondary phone:	(<input type="text"/>) <input type="text"/> - <input type="text"/>
E-mail address:	<input type="text"/>
<small>Must be a valid e-mail address</small>	

10. Dental Provider

First name:	<input type="text"/>
Middle name:	<input type="text"/>
Last name:	<input type="text"/>
Primary phone:	(<input type="text"/>) <input type="text"/> - <input type="text"/>
Secondary:	(<input type="text"/>) <input type="text"/> - <input type="text"/>
E-mail address:	<input type="text"/>
<small>Must be a valid e-mail address</small>	

11. Eye Care Provider

First name:	<input type="text"/>
Middle name:	<input type="text"/>
Last name:	<input type="text"/>
Primary phone:	(<input type="text"/>) <input type="text"/> - <input type="text"/>
Secondary phone:	(<input type="text"/>) <input type="text"/> - <input type="text"/>
E-mail address:	<input type="text"/>
<small>Must be a valid e-mail address</small>	
Prescription Information	<input type="text"/>

12. Language

Languages Spoken:	<input type="checkbox"/> English	<input type="checkbox"/> French	<input type="text" value="Other"/>
Languages Understood:	<input type="checkbox"/> English	<input type="checkbox"/> French	<input type="text" value="Other"/>
Languages Written:	<input type="checkbox"/> English	<input type="checkbox"/> French	<input type="text" value="Other"/>

13. Background

* Current Ontario residence:

Home Town

* What are your goals for the Games?

Tell us something about yourself that would be of interest to the media. Please note that this information will be used to create your profile for Team Ontario's media guide. Please use the below points in guiding you through this section:

- years in your sport/art form
- the thing you like best about your sport/art form
- major achievements in sport or school
- coaches, mentors or others who made an impact on you
- other sports, art forms or hobbies you are involved in
- volunteer work in your community
- future goals -sport, artistic or academic
- something about you that is surprising
- 5 words that describe you

List your personal website or blog (URL address) if you would like it to be published:

Please list any social media avenues you may use. (e.g. Twitter, Facebook, Flickr, You Tube, etc)

Recent articles about you in the media:

Include text summary or URL to online articles

List any other games/events you have participated in:

ie. Ontario Games, Canada Dance Festival. Please note the year.

* What does participating in the Canada Games mean to you?

What motivational message do you have for your immediate team mates or for Team Ontario as a whole?

15. Waiver

Please review the following documents

[Code of Conduct \(Download\)](#)

[Member Agreement \(Download\)](#)

Please note that if you are less than 18 years of age, you must download complete and send to your mission staff a printed copy that includes signatures from yourself and your parent/guardian

I have read and accept the details of the code of conduct and member agreement

[Games Participant Release \(Download\)](#)

[Medical Consent \(Download\)](#)

Please note that **every participant** must download and print the Games Participant Release and Medical Consent Form, and return a signed copy to your Mission Staff or they can be mailed to:

Sport Alliance of Ontario
3 Concorde Gate – Suite 313
Toronto, ON M3C 3N7
Attn: Jason Birch

[Finalize your registration](#)

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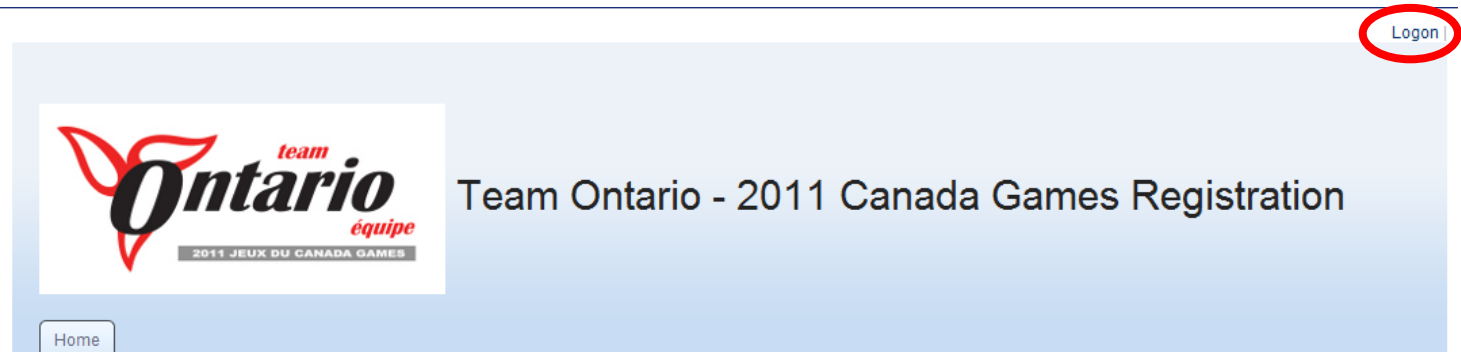
- If you are less than 18 years of age, you must download, sign and submit the following documents directly to your Mission Staff or mailed to the address below. Documents must be signed by yourself and your parent(s)/guardian(s):
 - Team Ontario Code of Conduct
 - Team Ontario Member Agreement
- All participants must download, sign and submit the following documents directly to your Mission Staff or they can be mailed to the address below. If you are less than 18 years of age, documents must be signed by yourself and your parent(s)/guardian(s):
 - Canada Games Participant Release Form
 - Canada Games Consent for Medical Treatment Form
- Once you have completed your registration, a registration confirmation email will be sent to you. The email will include your login credentials should you need to return to the registration in order to correct any information.

Mailing Address for Waiver Forms:

Sport Alliance of Ontario
3 Concorde Gate – Suite 313
Toronto, ON M3C 3N7
Attn: Jason Birch

MAKING EDITS TO YOUR REGISTRATION

- To access your registration, return to the registration homepage:
<http://sao.sportforge.com/teamontario/registration/> Click on the LOG IN link located at the top right hand side of the page.

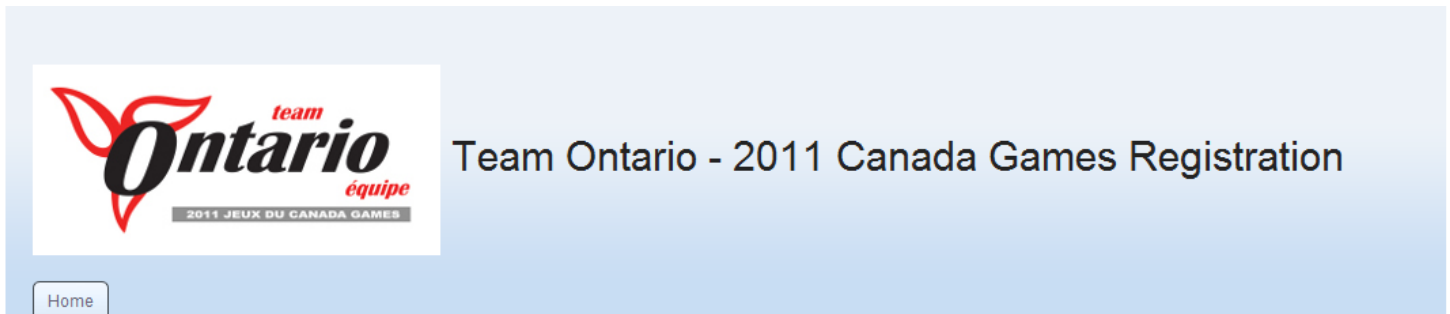


Register

Note - if you are already registered, please Login to update your account.
Fields marked with an * are mandatory

1. Participant Photo

Upload your photo



Sign In | enter your account details.
Account Name or Email Address:

Password:

If you have forgotten your username and/or password click [here](#)

[Register as a new user.](#)

- Type in your email address used during the registration process; please refer to your registration confirmation email if unsure.
- Type in your Password (as created in during registration).
- Press the **LOG IN** button.
- Once logged in, to make edits to your profile click the “My Profile” tab, and then click “update profile” on the left menu. Don’t forget to save the registration once you are finished.

If you have any questions, please don’t hesitate to contact your mission staff or Team Ontario registration coordinator Jason Birch (jbirch@sportalliance.com).