

# MARKHAM SYNCHRO CLUB REGISTRATION PACKAGE

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## COMPETITIVE 2010-2011

Dear Parents & Swimmers:

The Markham Synchro Club welcomes you to our 2010-2011 season! We are confident that this year will present you with many new challenges, friendships and accomplishments. Building the skills of synchronized swimming is only one of our goals; we also endeavor to teach valuable life skills such as commitment, teamwork, dedication and co-operation. We measure success by improvement in all of these areas.

These goals are accomplished with the full participation of our dedicated coaches, swimmers and parents. There are many different volunteer opportunities available; each family is required to volunteer throughout the season. There is something to fit everyone's schedule and skill set, **without you the club cannot succeed!**

The registration package contains the initial information that you will need to register your daughter. For insurance purposes swimmers must be registered and payment received prior to getting in the water for the first tryout. Please contact our Club President if you have additional questions.

In completing your registration package you will find several signature requirements that indicate your understanding of our policies. The parent and swimmer handbook outlines these policies for you. This document, along with many other useful resources can be found on our website at [www.markhamsynchro.com](http://www.markhamsynchro.com). Please contact the Club President if you have additional questions.

We are looking forward to another fantastic year! With your help, we can continue our tradition of excellence, and our reputation as one of the most successful synchronized swimming clubs in Ontario.

Thank you,

The Coaching Staff and Executive Members  
Markham Synchro Club

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### Registration Checklist

- Markham Synchro Club Registration Form
- \$500 Deposit (cheque made payable to Markham Synchro) Discount of \$100 given for registration and post-dated cheques submitted by 2010 June 10<sup>th</sup> Watershow. Deposit Cheque must be dated September 1<sup>st</sup>, 2010 in the amount of \$400.
- Post Dated Instalment Cheques as per Fee Schedule. Please contact us via phone or the website for a copy of the Fee Schedule.
- Agreements and Waivers
  - ✓ Participant Agreement for Minor Child Waiver
  - ✓ Consent for Emergency Medical Treatment
  - ✓ Photograph and Information Permission
  - ✓ Fundraising and Volunteer Commitment
  - ✓ Uniform Policy
  - ✓ Team Attendance and Commitment
  - ✓ Disclosure of Personal Information
- 2 Copies of Birth Certificate (required by Synchro Ontario- new athletes only)



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### Participant's Agreement for MINOR CHILD to be signed by minor participant AND parent/guardian

Name of Participant: \_\_\_\_\_ Age (Under 18): \_\_\_\_\_

#### **ALL SPORT, INCLUDING SYNCHRONIZED SWIMMING, HAS ITS RISKS**

I participate in the sport of synchronized swimming because it is physically and mentally challenging. In consideration of my participation in such programs, activities, and events, I hereby acknowledge that I am aware of the risks and hazards associated with or related to synchronized swimming. The risks and hazards of synchronized swimming include, but are not limited to:

- Injuries from executing strenuous and demanding physical techniques in synchronized swimming including boosts and lifts;
- Injuries from dryland training including weights, pilates, running, dance, bands, circus school, and massage;
- Injuries from entering the water by either diving or jumping;
- Injuries from spending extended times in chlorinated water including bacterial infections and rashes;
- Injuries from collisions with the pool wall or bottom;
- Injuries from extended time underwater;
- Injuries from physical contact with other participants including spotters whose role is to enhance safety and learning;
- Injuries from strenuous cardiovascular workouts;
- Injuries from exerting and stretching various muscle groups; and
- Travel to and from competitive events and associated non-competitive events which are an integral part of the organization's activities.

Furthermore, I am aware:

- That injuries sustained in synchronized swimming can be severe;
- That I may come into close contact with other participants, including the possibility of accidental and unexpected touching;
- That I may experience anxiety while challenging myself during the activities;
- That my risk of injury is reduced if I follow all rules adopted during training; and
- That my risk of injury increases as I become fatigued.

#### **I AGREE TO BE RESPONSIBLE FOR MYSELF**

I am participating voluntarily in these activities, events and programs. I agree that there are risks in synchronized swimming as described above. By participating voluntarily in these events, activities and programs, I am exposed to these risks and hazards. I agree to accept them and be responsible for any injury or other loss which I might receive while participating in these events, activities and programs. If something happens to me, I release the organizers of responsibility for any claims, demands, actions and costs which might arise out of my participation. In this Agreement I understand "organizers" to mean: Synchro Swim Ontario, its directors, officers, members, employees, volunteers, officials, participants, clubs, agents, sponsors, owners/operators of the facility, and representatives.

#### **I ACKNOWLEDGE MAKING THIS AGREEMENT**

I have read and understood the terms and conditions of this agreement, and by signing it voluntarily, I am agreeing to abide by these terms.

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian:

\_\_\_\_\_  
Date

### **CONSENT FOR EMERGENCY MEDICAL TREATMENT** **TO BE SIGNED BY THE PARENT/GUARDIAN OF A MINOR PARTICIPANT**

I, \_\_\_\_\_ parent/legal guardian of \_\_\_\_\_, give permission to the officials and coaches of Synchro Swim Ontario to make decisions concerning medical care and treatment, and where necessary to authorize such care and treatment in emergency situations. I understand that the officials and coaches of Synchro Swim Ontario will make every reasonable effort, in the circumstances, to contact me regarding my child's/ward's medical status in the event an emergency arises. In the event that I cannot be reached in an emergency I hereby give my permission to the licensed physician, dentist, athletic therapist, nurse or other medical professional whose services might be required to provide medical care and treatment. By signing here, I indicate that I have the understanding and capacity to communicate health care directives for my child/ward and that I am fully informed as to the consents of this document and understand the full import of this grant of powers to the officials and coaches of Synchro Swim Ontario.

Dated: \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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## COMPETITIVE 2010-2011

Swimmer Name: \_\_\_\_\_

Synchro Swim Ontario requires that each club has all their members sign a permission form to allow the use of photos/videos to be used for a variety of purposes and that the form includes permission for Synchro Swim Ontario to also use such materials. This would make the development of newsletters, web articles, display boards, posters, videos etc. much easier when creating materials and marketing the sport.

For more information on how Synchro Swim Ontario uses photos/videos, refer to our Privacy Policy at [www.synchroontario.com](http://www.synchroontario.com)

### PHOTOGRAPH AND INFORMATION PERMISSION

Date \_\_\_\_\_

The undersigned authorizes MARKHAM SYNCHRO CLUB and Synchro Swim Ontario to permit photographers/videographers employed or designated by MARKHAM SYNCHRO CLUB and Synchro Swim Ontario to take photographs and/or film/video footage of and to obtain quotations and information from the undersigned. Such photographs, film/video footage and recorded comments may be used for educational purposes, website, publications and/or broadcasts which may include but not limited to the following: newspapers, radio, television, staff newsletters, photographic displays, and publicly distributed publications such as annual reports, external newsletters, news releases, pamphlets, brochures, flyers and promotional publications and the undersigned shall be entitled to no compensation as a result of such use from MARKHAM SYNCHRO CLUB or Synchro Swim Ontario.

Signature \_\_\_\_\_  
(Parent or Guardian if under 18 years of age)

Print Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Swimmer Name:

## Club Commitments and Agreements

Please read the policies, commitments and agreements in the Parent and Swimmer Handbook. Parents and athletes are required to sign below to indicate that they have read, understood, and agree to abide by these policies.

### Fundraising and Volunteer Commitment

Parent Signature	Date	Athlete Signature	Date
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### Uniform Policy

Parent Signature	Date	Athlete Signature	Date
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### Team Attendance and Commitment

Parent Signature	Date	Athlete Signature	Date
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### Disclosure of Personal Information

Parent Signature	Date	Athlete Signature	Date
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*Please return pages 2-5 of the registration package.*