

MARKHAM SYNCHRO CLUB REGISTRATION PACKAGE

MINI AND NOVICE 2011-2012

Dear Parents & Swimmers:

The Markham Synchro Club welcomes you to our Novice and Mini Synchro programs for the 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.

This registration package includes all of the information that you will need to register your daughter. For insurance purposes swimmers must have all of the forms completed and submitted prior to getting in the water for their first session.

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. Please contact us ----- if you have additional questions.

We are looking forward to another fantastic year!

Thank you,

The Coaching Staff and Executive Members
Markham Synchro Club

Registration Checklist

- Markham Synchro Club Registration Form**
- Payment (see Fee Schedule and Program Outline)**
- Agreements and Waivers**
 - ✓ Participant Agreement for Minor Child Waiver
 - ✓ Consent for Emergency Medical Treatment
 - ✓ Photograph and Information Permission
 - ✓ Uniform Policy
 - ✓ Team Attendance and Commitment
 - ✓ Disclosure of Personal Information
- 2 Copies of Birth Certificate (required by Synchro Ontario)**

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Registration Form

Swimmer's Name	GIVEN	SURNAME	
Program	Mini Synchro	Novice 2hr Program	Novice 4hr Program
Parent/Guardian	GIVEN	SURNAME	
	GIVEN	SURNAME	
Signature of Parent/Guardian	IF SWIMMER IS UNDER 18 YEARS OF AGE		
Address	STREET		
	TOWN	POSTAL CODE	
*Email address where Club correspondence can be received:	MOTHER FATHER SWIMMER		
Telephone	Mother ()	BUSINESS ()	CELL ()
	Father ()	()	()
	Swimmer		()
Date of Birth	YY/MM/DD	AGE	
Health Insurance #			
Known Allergies			
Medication(s)			
Medical problems/conditions			
Family Physician	NAME		PHONE NUMBER
IN THE EVENT OF AN EMERGENCY, CONTACT:			
Name	RELATIONSHIP TO SWIMMER		
Address	STREET		
	TOWN	POSTAL CODE	
Telephone	HOME ()	BUSINESS ()	

NEW SWIMMERS- PLEASE ATTACH 2 COPIES OF THE BIRTH CERTIFICATE.

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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) _____ CLUB: _____

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 pool 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 or Guardian

Signature of Parent or 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 contents of this document and understand the full import of this grant of powers to the officials and coaches of Synchro Swim Ontario.

Dated: _____, 20____ Parent/Guardian signature: _____

MINI AND NOVICE 2011-2012

Synchro Swim Ontario requests that each club has 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, 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.

Below is a sample of a permission form with Synchro Swim Ontario added to the content.

PHOTOGRAPH AND INFORMATION PERMISSION

Date _____

The undersigned authorizes _____ (Club name) and Synchro Swim Ontario to permit photographers/videographers employed or designated by _____ (Club name) 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, 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, websites, flyers and promotional publications and the undersigned shall be entitled to no compensation as a result of such use from _____ (Club name) or Synchro Swim Ontario.

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

Print Name _____

Address _____

Phone _____

Swimmer Name: _____

Club Commitments and Agreements

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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 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.