

## Synchro Stars- Recreational Registration

**Please note: This form may be completed and submitted on-line or can be brought to the first class. Swimmers will not be able to begin their lessons until we have received payment and the following forms: registration, photographic waiver, participant waiver, and consent for emergency treatment.**

<b>Swimmer's Name</b>	GIVEN	SURNAME
<b>Parent/Guardian</b>	GIVEN	SURNAME
<b>Signature of Parent/Guardian</b>	IF SWIMMER IS UNDER 18 YEARS OF AGE	
<b>Address</b>	STREET	
	TOWN	POSTAL CODE
<b>Email address</b>		
<b>Telephone</b>	HOME ( )	BUSINESS ( )
		CELL ( )
<b>Date of Birth</b>	YY/MM/DD	AGE
<b>Medical conditions</b>		
<b>Emergency Contact/Relationship</b>		
<b>Address</b>	STREET	
	TOWN	POSTAL CODE
<b>Telephone</b>	HOME ( )	BUSINESS ( )
		CELL ( )
<b>Previous Swimming Experience</b>		

### Class Information

Pool	Day	Time

*Please note: Payment must be received on or before the first class. Administrative fees will be charged for refunds.*

## Photographic Waiver

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

The undersigned authorizes MARKHAM SYNCHRO CLUB/SYNCHRO STARS and Synchro Swim Ontario to permit photographers/videographers employed or designated by MARKHAM SYNCHRO CLUB/SYNCHRO STARS 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/SYNCHRO STARS or Synchro Swim Ontario.

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

Date \_\_\_\_\_

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

Phone \_\_\_\_\_

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### **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.

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

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

# Participant Agreement

## 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