

MARKHAM SYNCHRO CLUB/SYNCHRO STARS REGISTRATION

RECREATIONAL SYNCHRO

WELCOME TO OUR RECREATIONAL SYNCHRO PROGRAM!

The Markham Synchro Club offers many levels of synchro programs including; recreational, novice and competitive. Our recreational classes are an introduction to the sport, swimmers who excel in this program may be invited to try out for our competitive information. The next few weeks are sure to bring new challenges, friendships, and accomplishments!

Please complete the following three forms and bring them with you to the first class along with a cheque (payable to Markham Synchro) for \$120.

Registration Form- Recreational Synchro

Swimmer's Name	GIVEN	SURNAME
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:	PARENT	
	SWIMMER	
Telephone	HOME ()	BUSINESS ()
		CELL ()
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 ()

MARKHAM SYNCHRO CLUB/SYNCHRO STARS REGISTRATION

RECREATIONAL SYNCHRO

Class Information

Pool	Day
Markham Centennial Pool	Tuesday Thursday
Lebovic Leisure Centre (Stouffville)	Wednesday

MARKHAM SYNCHRO CLUB/SYNCHRO STARS REGISTRATION

RECREATIONAL SYNCHRO

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: _____

MARKHAM SYNCHRO CLUB/SYNCHRO STARS REGISTRATION

RECREATIONAL SYNCHRO

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

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 _____

MARKHAM SYNCHRO CLUB/SYNCHRO STARS REGISTRATION

RECREATIONAL SYNCHRO