



KW Synchronized Swim Club

2011-2012 Masters Registration Package

Introduction to Masters (Recreational) Program:

Welcome to KW Synchrono's recreational program for swimmers new to or with some experience in synchronized swimming and who want to learn more advanced skills. KWSC's program is designed for adults 19 years or greater and will practice once a week for two (2) hours with emphasis placed on improvement of synchro skills, swimming strokes, coordination and flexibility. Swimmers will participate in two (2) of our club watershows December and May.

MONDAYS @ Wilfrid Laurier University @ 8-10 pm
September 26, 2011 to May 14, 2012

(no pool Oct 10, Dec 26, Jan 2, Feb 20, Mar Break, Apr 9)

Registration Fee*	Program Fee	Meet Entry Fee	Payment Dates	Payment Amount
\$75 due with forms	\$450	\$TBD	September 26 , 2011	\$225.00
			Januaary 9, 2012	\$225.00

* registration fee is separate from the program fee and not included in the payment amounts above total for first payment \$300.00

Additional Information:

To maximize the creative atmosphere and experience of all programs, KW Synchrono Club require participants to:

- Wear a bathing cap to prevent hair from interfering with vision (FREE with each registration)
- Wear goggles to prevent irritation of eyes and help with vision under water
- Wear a nose clip to enjoy under water activities
- Wear one piece bathing suit

Registration Process:

- 1) Complete all pages of the registration package and return to:
KW Synchrono, 525 Highland Road West, Suite 411, Kitchener, ON N2M 5P4
(This is a mailing address only. To drop off your registration package, go to this address, hand your package to the friendly UPS Store staff and ask that it go into mailbox 411.)
- 2) **NOTE: The Registration fee is non-refundable.**
- 3) On the first day of practice a parent/guardian must arrive with the swimmer to ensure that all registration materials are complete and payment has been received. **All documentation and cheques must be in the hands of the Director of Registration before the swimmer starts practice.** Swimming supplies such as goggles and nose plugs will be available for sale on the first night of practice.
- 4) All programs have a minimum of four (4) spots. Registration is on a first come, first served basis. Classes may be cancelled or combined based on registration.
- 5) Requests for refunds (less the registration fee) must be received in writing within seven (7) days of the start of the program. Approval must be received from the Director of Registration.
- 6) Calendars and details about the club's volunteer needs and fundraising programs will be distributed at the first class.
- 7) Questions about program details or the registration package? Please contact KW Synchrono at 519-620-3846 or kwsychro@gmail.com.



MASTERS PROGRAMS

Sessions once a week two (2)hours
MONDAYS @ Wilfrid Laurier University
8:00 pm to 10:00 pm

- Introduction to Masters (Recreational)**
September 26, 2011 to May 14, 2012

Supplies:

I need to purchase (and will be available first day of program):

- Goggles \$20
 Nose clip \$5

***FREE** KWSC swimming cap with each registration!



2011 -2012 Registration Form

Swimmer' Name:

Date of Birth: (Day / Month / Year)

Address

Address

City

Postal Code

Parent(s)/Guardian(s) Name *(if swimmer is under 18)*

Tel: (Home)

(Work)

Tel: (Cell - Mom)

(Cell - Dad)

Email Address:

Swimmer lives with: Mother Father Other

Address *(if different than above)*

Address

City

Postal Code

Medical Profile: Health Card No. _____

Family Physician:

Tel

Allergies or Medical Conditions:

Required Medication or Emergency Treatment
(e.g. epi-pen, broncho-dilator):

Alternative Emergency Contact

Tel

Alternative Emergency Contact

Tel

To the best of my knowledge, _____
is physically able to participate in all aspects of the program.

I am responsible for all fees associated with this program. Requests for refunds must be received in writing seven (7) days prior to the start of the program. No refund will be granted after the start of the season without medical reasons or extenuating circumstances. Should my swimmer(s) have to resign from the program after the start of the season, my swimmer(s) and I must discuss our situation with the Coach and Head Coach first. My swimmer(s) and I will submit a letter to the President and the Coach detailing the reasons for the resignation. I understand that approval for any refund must be received from the Board of Directors. Refunds will be prorated for the portion of the season used, and any outstanding balances will be deducted from a refund. This applies to program, travel, fundraising, and volunteer activity fees. I understand that the personal and health information I am providing will be used as outlined in the KW Synchro Club Privacy Policy and Notice of Collection, Use and Disclosure of Personal Information Policy. I acknowledge that I have reviewed these policies. I agree to the release of this information as outlined in the policies. I also understand that the Coaching staff and the Lead Chaperone will keep my information secure. I understand that my information will be shredded when no longer needed by the Club.

Signature of Parent/Guardian

Print Name: _____

Date: _____



KW Synchronized Swim

Club Privacy Policy

Swimmer's name: _____

Name of Parent/Guardian (if swimmer under 18): _____

Notice of Collection, Use, and Disclosure of Personal Information

KW Synchro Club's protection of your personal information is in compliance with federal legislation, *The Personal Information Protection and Electronic Documents Act* which was enacted as of January 1, 2004 [visit our website to view policy in full].

Permission must be obtained before we can print your name, telephone number and/or email address in the KW Synchro Club directory. Please select one of the choices below.

I CONSENT:

I DO NOT CONSENT:

to have my name, telephone number and/or email address printed in the KW Synchro Club directory. The information will only be used for the purposes of contacting me regarding club business

Video Taping and Photography Policy and Standard Release

(To be completed by parent/guardian, or swimmer if aged 18 years or over)

Video taping or photographing of teams, swimmers or individual swimmers can be conducted at any time by the coach(es) for the sole purposes of training and teaching. Team, swimmer or individual swimmer videos and photos can only be used by the coaches/club for teaching, training, advertising or club promotion.

All photographs and video tapes will be stored, accessed, removed and destroyed in compliance with KW Synchro Club's Privacy Policy.

I have read and understood the Video Taping and Photography Policy. I consent to comply with the Video Taping and Photography Policy.

I hereby give permission to the Kitchener Waterloo Synchronized Swim Club, and Synchro Ontario, to use the swimmer's photograph, whether still motion or video, and the swimmer's name in any legal manner whatsoever. Possible uses could include newsletters, displays, community television, local newspaper, posting of results, club website, training and teaching. I understand that phone numbers and addresses will not be published.

I CONSENT

I DO NOT CONSENT

Signature: _____ Dated: _____



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

Name of Participant: _____ Age (under 18) _____ CLUB: KW Synchro Swimming 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: _____, 201____ Parent/Guardian signature: _____