



KW Synchronized Swim Club Masters Program 2009-2010 Registration Package

Welcome to KW Synchrono's 2009-2010 season, featuring a fresh, new slate of programs designed around the Canada Sport Centres' Long-term Athlete Development (LTAD) initiative. Among our exciting new offerings is a Competitive Masters program for former competitive swimmers, or those advanced recreational swimmers looking for an additional challenge. Swimmers interested in the Competitive Masters Team are invited to an Information Session on Aug. 23 from 7 to 9 pm. For location details please email kwsynchro@gmail.com.

KW Synchrono Board of Directors

Registration Process:

- 1) Complete all pages of the registration package and return by **Sept. 15, 2009** 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) 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 and a maximum of eight (8). 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) Questions about program details or the registration package? Please contact KW Synchrono at 519-620-3846 or kwsynchro@gmail.com.



2009-2010 Masters Programs

INTRODUCTION TO MASTERS

Full Year Program

This program is for swimmers aged 19 and over. No previous experience is required. Basic and advanced synchro skills will be covered with an emphasis on maintaining and improving fitness. Swimmers will prepare a short routine to present at the club Water Shows in December and April.

Program Dates: Mondays 8 to 9:30 pm at Wilfrid Laurier University Athletic Complex Pool;
Sept. 28/09 to Apr. 25/10 (*Water Show*)

INTERMEDIATE MASTERS

Full Year Program

For swimmers aged 19 and over who have one or more years of synchro experience or wish to learn more advanced skills. Swimmers will learn and work on the more advanced basics of synchro. Emphasis will be placed on improvement of synchro skills, swimming strokes, and maintaining and improving fitness. Swimmers will prepare a short routine to present at the club Water Shows in December and April. Teams, Solos and Duets have the option to attend a Recreational Routines Meet at the completion of the season.

Program Dates: Mondays 8 to 10 pm at Wilfrid Laurier University Athletic Complex Pool;
Sept. 28/09 to Apr. 25/10 (*Water Show*)

COMPETITIVE MASTERS

Full Year Program

For swimmers aged 19 and over who have one or more years of competitive synchro experience or who wish to learn advanced skills. Emphasis will be placed on improvement of synchro skills, swimming strokes, and maintaining and improving fitness. Swimmers will prepare a routine to perform in Synchro Canada sanctioned Masters Competitions. At the start of the year, team members select the competitions they would like to participate in, and determine the number of hours per week they will swim to achieve those goals.

Program Dates: To be determined by participants and coaching staff

ADDITIONAL INFORMATION:

• To maximize the creative atmosphere and experience of all programs, KW Synchro Club requires that participants:

- i) Wear a **bathing cap** to prevent hair from interfering with vision
- ii) Wear **goggles** to prevent irritation of eyes and help with vision under water
- iii) Wear a **nose clip** to enjoy under water activities



2009-2010 Program Fees and Payment Schedules

Program	Pool*	Day of week	Time of Day	Start Date	Registration Fee	Program Fee
Intro to Masters	Wilfrid Laurier	Monday	8 to 9:30 pm	Sept. 28	\$15	\$365
Intermediate Masters	Wilfrid Laurier	Monday	8 to 10 pm	Sept. 28	\$15	\$450
Competitive Masters	To be determined by team members	T.B.D.	T.B.D.	T.B.D.	\$126	\$450 (2 hours/ wk) \$800 (4 hours/wk)

* *Wilfrid Laurier is in the process of renovating its pool. The completion date is unknown, so programs may run for the first four to eight weeks at an alternate location.*

Program Fee Payment Options:

- Program fees may be submitted in two installments. Please date cheques for Sept. 15, 2009 and Jan. 15, 2010.
- Please note the registration fee for the Competitive Masters program includes: Synchro Ontario registration, \$78; Synchro Canada registration, \$15; Synchro Ontario Athlete Levy, \$22; and Synchro Ontario Award Fee, \$11.
- Masters participants are responsible for all fees incurred traveling to and taking part in sanctioned Masters Competitive events.



2009-2010 Registration Form

Swimmer's Name: _____ Date of Birth (dd/mm/yyyy): _____

Address: _____

City: _____ Postal Code: _____

Phone No. (home): _____

Phone No. (work): _____

Phone No. (cell): _____

Email Address: _____

Medical Profile

Health Card Number: _____

Family Physician: _____ Phone Number: _____

Allergies or Medical Conditions: _____

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

Emergency Contact 1: _____ Relationship to swimmer: _____

Phone number: _____ Alternate phone number: _____

Emergency Contact 2: _____ Relationship to swimmer: _____

Phone number: _____ Alternate phone number: _____

To the best of my knowledge, I am 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 I have to resign from the program after the start of the season, I must discuss the situation with the Coach and Head Coach first. 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 will keep my information secure. I understand that my information will be shredded when no longer needed by the Club.

Print name _____

Signature _____ Date _____



KW Synchronized Swim Club Video Taping and Photography Policy and Standard Release

Swimmer's name: _____

Team: _____ Coach: _____

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.

Video taping or photographing of swimmers and routines is permitted by family members during any 'open' event or competition (not a practice). At a 'closed' event, video taping or photographing is permitted by the coach(es) or club designate only. Any other video taping or photographing of teams, swimmers or individual swimmers by anyone other than coaching staff (or their designate) is permitted only with the consent of the coach/head coach.

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

PLEASE READ AND SELECT ONE OPTION:

Option 1: 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 Synchrono Ontario, to use my photograph, whether still motion or video, and my 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.

Signature

Date

Option 2: 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, to use my photograph, whether still motion or video, for purposes of training and coaching only.

Signature

Date

Option 3: I have read and understood the Video Taping and Photography Policy. I consent to comply with the Video Taping and Photography Policy.

I do not wish my photograph or name to be used in any way.

Signature

Date



WAIVER AND RELEASE OF LIABILITY for those 18 yrs and older (to be signed by participants 18 yrs of age and older)

By signing this form you give up important legal rights. Please read carefully!

This is a binding legal agreement. As a Participant in the programs, activities and events of Synchro Swim Ontario, the undersigned acknowledges and agrees to the following terms.

Disclaimer

Synchro Swim Ontario, its directors, officers, members, employees, coaches, volunteers, officials, participants, clubs, agents, sponsors, owners/operators of the facility, and representatives (the "Organization") are not responsible for any injury, damage or loss of any kind suffered by a Participant during, or as a result of, any program, activity or event, caused in any manner whatsoever including, but not limited to, the negligence of the Organization.

Description of Risks

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.

Release of Liability

In consideration of the Organization allowing me to participate, I agree:

- a) To assume all risks arising out of, associated with or related to my participation;
- b) To be solely responsible for any injury, loss or damage that I might sustain while participating; and
- c) To release the Organization from liability for any and all claims, demands, actions and costs that might arise out of my participating, even though such risks, injuries, loss, damage, claims, demands, actions or costs may have been caused by the negligence of the Organization.

Acknowledgement

I acknowledge that I have read this agreement, that I have executed this agreement voluntarily, and that this agreement is to be binding upon myself, my heirs, executors, administrators and representatives.

Name of Participant

Date

CLUB: _____

Signature of Participant

Witness



CONSENT FOR EMERGENCY MEDICAL TREATMENT

to be signed by participant 18 years of age or older

I, _____, give permission to the officials, coaches and club representatives of Synchro Swim Ontario to make decisions concerning my medical care and treatment, and where necessary to authorize such care and treatment in emergency situations.

I understand that the officials, coaches, club representatives and administrators of Synchro Swim Ontario will make every reasonable effort, in the circumstances, to contact the emergency person designated to my home club or, in the case of a Synchro Swim Ontario specific program, the emergency contact I name regarding my medical status in the event an emergency arises. In the event that they 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 myself 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, coaches, club representatives and administrators of Synchro Swim Ontario.

Dated: _____
Signature

CLUB: _____



KW Synchronized Swim Club Privacy Policy

Notice of Collection, Use, and Disclosure of Personal Information

Keeping your personal information private is important to KW Synchrono Club. To meet the needs of individuals participating in our programs, KW Synchrono Club needs to know personal and personal health information about coaches, participants and their families.

As an employee, contracted coach, athlete, parent/guardian, student or volunteer you have a right to know how and why we collect, use and disclose personal information/health information. You have a right to expect that, to the best of our ability, your personal information held by us remains accurate, confidential and secure.

KW Synchrono Club is proud of its longstanding commitment to maintaining the confidentiality and security of personal and health information, and has implemented practices to better protect the privacy of your personal and health information.

KW Synchrono Club collects, uses, discloses, and stores facts about participants and their health. These facts are collected to help complete registrations for our teams, or obtain medical assistance in an emergency situation. They include:

- Your name, address, telephone number, and your Ontario Health Card number
- Facts about participants health, health care history and the health care that has been given

We use this information and share it only with those who need to know that information. For example, we might use it:

- To complete registration information for Synchrono Ontario
- To complete registration information for various competitions
- To communicate with other Clubs
- To facilitate communication among team members, teams and the Club as a whole
- To seek medical care in an emergency situation
- To assist pool staff in handling an emergency situation
- To contact the individuals participants have listed as Emergency contacts
- To meet legal and regulatory requirements

These are your rights:

- You may see or have access to your personal and health information collected by the KW Synchrono Club
- You may ask to correct your personal and health information
- Your personal information is private. Unless sharing it with others is authorized by law, we cannot and will not give out any of your personal information without your consent
- If you would like to know more about how your personal information is collected, used, stored, and disclosed, contact KW Synchrono Club’s Privacy Officer at 519-620-3846. If you are not satisfied with KW Synchrono Club’s processes regarding access to your personal information, or about how it is collected, used, stored, or disclosed to others, you may make a complaint to our Privacy Officer.

KW Synchrono 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.

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

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

Signature: _____ Date: _____

- b) I DO NOT CONSENT to have my name, telephone number and/or email address printed in the KW Synchrono Club directory.

Signature: _____ Date: _____



2009-2010 Registration Checklist

Swimmer's Name: _____ Registered for Program(s): _____

The following information is complete and attached (*registration is not complete until all material is received*):

- _____ 2009-2010 Registration Form
- _____ KW Synchronized Swim Club Video Taping and Photography Policy and Standard Release
- _____ Synchro Swim Ontario Waiver and Release of Liability
- _____ Synchro Swim Ontario Consent for Emergency Medical Treatment
- _____ KW Synchronized Swim Club Privacy Policy
- _____ Program Fee cheque(s) dated Sept. 15/09 OR Sept. 15/09 and Jan. 15/10

Program	Pool	Day of week	Time of Day	Start Date	Reg. Fee	Program Fee	Indicate Choice ✓
Intro to Masters	Wilfrid Laurier	Monday	8 to 9:30 pm	Sept. 28	\$15	\$365	
Intermediate Masters	Wilfrid Laurier	Monday	8 to 10 pm	Sept. 28	\$15	\$450	
Competitive Masters	To be determined by team members	T.B.D.	T.B.D.	T.B.D.	\$126	\$450 (2 hours/ wk) \$800 (4 hours/wk)	