



Guelph Synchronized Swim Club

Masters Novice Program - Registration Fall 2016

GSSC, P.O. Box 21044
35 Harvard Road
Guelph, Ontario
N1G 4T3

www.guelphsynchroswim.ca

Welcome to the Guelph Synchronized Swim Club!

Our Masters Recreational Program is designed for swimmers new to synchronized swimming or for those who have some experience and want to develop and enhance their skills.

This Program is designed for adults 18 years of age and older.

The Masters Recreational Program (Fall Session) will run September 12, 2016 to December 17, 2016. **Register today!** Swimmers will prepare a short routine to present at the Club Water Show on December 17, 2016.

All swimmers are required to have:

- a one piece bathing suit
- goggles
- swim cap
- nose plugs
- towel(s)
- BIG SMILES

To register, please complete the following six (6) items:

GSSC Registration Forms: _____

Medical Treatment Consent: _____

Photo Consent: _____

PIPEDA (personal info privacy) Form: _____

Participant Agreement Forms: _____

Agreement to Receive Electronic Communications _____

Please read the program offer carefully. If you have any questions, please contact the Novice/Recreational Director, Mike Coughlin at novice@guelphsynchroswim.ca.



Guelph Synchronized Swim Club

IMPORTANT DATES FOR SWIMMERS SEPTEMBER – DECEMBER, 2016

Masters Novice Classes (Schedule)

12-Week Program:

Week 1: September 12

Week 2: September 19

Week 3: September 26

Week 4: October 3

Week 5: October 17

Week 6: October 24

Week 7: November 7

Week 8: November 14

Week 9: November 21

Week 10: November 26

Week 11: December 5

Week 12: December 12

No classes on October 31

Swimmers will perform in Guelph Synchro's annual Christmas Water Show on Saturday, December 17th!

Masters Novice Program Registration Form

Swimmer's Name: _____

Novice – Masters (age 18+)

- Winter 2016: Monday, September 12 – December 17, 2016
Length: 2.5 hour per week for 12 weeks (Mondays: 7:30-8:00pm dry land; 8:00-10:00pm pool)
Cost: \$300

The Masters Recreational Program is designed for swimmers new to synchronized swimming or for those who have some experience and want to develop and enhance their skills. This Program is designed for adults 18 years of age and older.

**Please make cheques payable to: GSSC
Dated for September 1, 2016**

Guelph Synchronized Swim Club
2016-2017 Registration Form (Masters)

Swimmer's Name: _____

Date of Birth: ____/____/____
(YY /MM /DD)

Address: _____

City: _____

Postal Code: _____

Home Telephone: _____ - _____ - _____

Cell#: _____ - _____ - _____

Work Telephone: _____ - _____ - _____

Email: _____ (*method used for all club communications)

Previous Synchro Level: _____

Aqua Quest: _____

Red Cross Level: _____

Medical Profile:

Health concerns the coaches should be aware of (allergies, asthma, epilepsy, diabetes, etc): _____

Required medication or emergency treatment (e.g. epi-pen, etc): _____

Emergency Contact (Name & Relationship): _____

Emergency Contact Telephone: _____

I, _____ am physically able to participate in all aspects of the program.

Name (print)

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!

Name of Participant: _____ Age _____ CLUB: Guelph Synchronized Swim Club
Years old

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.

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.

Printed Name of Participant (Swimmer)

Signature of Participant (swimmer)

Date

Printed Name of Witness

Signature of 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: _____

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.

PHOTOGRAPH AND INFORMATION PERMISSION

Date _____

The undersigned authorizes Guelph Synchronized Swim Club and Synchro Swim Ontario to permit photographers/videographers employed or designated by Guelph Synchronized Swim 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 Guelph Synchronized Swim or Synchro Swim Ontario.

Signature _____

Print Name _____

Address _____

Phone _____

Guelph Synchronized Swim Club
Personal Information Protection and Electronics Documents Act (PIPEDA)
Consent Form for September 1, 2016 - August 31, 2017

Print Name: _____
(swimmer's name)

In keeping with efforts to remain compliant with PIPEDA and effective immediately it is the policy of the Guelph Synchronized Swim Club (GSSC) to limit member's use of addresses, phone numbers, cell phone numbers, fax numbers, e-mail and mailboxes for distribution of Club related information only. Both e-mail listings and group e-mail folders are for the sole use of distributing pertinent information to the membership and are to be used for club information only.

The use of individual e-mail addresses and mail folders will be limited to documents, which are distributed for the purpose of communicating and providing information about:

- **GSSC's programs & registrations, special events, general information**
- **Official synchro swim governing bodies, such as but not limited to Synchro Ontario and Synchro Canada**

The policy will apply to the following: day to day communications, special announcements, fundraising updates, competitions results, newsletters and necessary one-to-one communications between parents, coaches, swimmers and club executive.

During GSSC registration periods, the GSSC Executive will collect signatures from all incoming members consenting to the use of their addresses, e-mail, phone numbers, and cell phone numbers for the purposes stated above.

It will be the responsibility of each member to inform the Registrar in writing regarding any address, e-mail address or phone number changes and updates. The Registrar or his/her appointee will retain copies of all documents distributed to club members involving Club activities and business and make every reasonable effort to prevent unauthorized use of members' addresses, phone numbers and e-mail address information.

YES, I consent to the use of my address, phone numbers, and e-mail for the purposes stated above. If additional uses for my private information are found, I will be notified and provide consent before distribution.

I further consent to the disclosure of my personal information to Synchro Swim Ontario, Synchro Canada and other organizations, clubs, volunteers and programmers who require it to enable continued participation, communication and promotion within the sport.

The Synchro Ontario Privacy Policy is posted at www.synchroontario.com under Privacy Policy. For further information call the Synchro Swim Ontario office 1-905-572-7962 extension 224.

Member's signature: _____ Date: _____
(swimmer's signature)

NO, I do not consent to the use of _____ (please specify)

Member's Signature: _____ Date: _____

**Guelph Synchronized Swim Club
Agreement to Receive Electronic Communications**

I, the participant and/or parent/guardian, agree to receive electronic communications from Synchro Swim Ontario and member clubs including the Guelph Synchronized Swim Club. Electronic communications include newsletters, promotions and program and event information that may contain information of a commercial nature. I understand that if I no longer wish to receive electronic communications from Synchro Swim Ontario or the Guelph Synchronized Swim Club I can withdraw my consent at any time using the process set out in the Synchro Swim Ontario or the Guelph Synchronized Swim Club Privacy Policy.

Signature of Participant

Date