



# Guelph Synchronized Swim Club

Masters Novice Registration Form

2017-2018

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

[www.guelphsynchroswim.ca](http://www.guelphsynchroswim.ca)

August 2017

## Welcome to the Guelph Synchronized Swim Club!

**Registration is now open!** The Guelph Synchronized Swim Club is now pleased to offer a Masters Novice program for adults over the age of 20 with any level of synchro experience. If you are looking for a great workout where you can improve your flexibility, strength and swim skills in a fun, pressure-free environment then we have the program designed for you!

Through skill and swim development, this program encourages fitness and strength, with an emphasis on having fun and team-building. No previous synchro experience is required!

### PRACTICES & PERFORMANCES:

Swimmers practice weekly on Sunday mornings from 10:00am – 12:00 (noon) at Victor Davis Pool. Swimmers also participate in a variety of club water shows, charity swims and demonstrations. This program runs from September 17, 2017 to April 29, 2018.

### FEES:

*Registration fees are \$648 for a full season. Depending on interest there may be an option for a half season (Sept – Dec). Please contact us for more information. Included with your registration is a GSSC t-shirt, a swim cap and nose plug. Swimmers are responsible for providing their own one piece swimsuit and goggles.*

### FUNDRAISING:

*Although not mandatory, your assistance with GSSC fundraising initiatives during the season is most welcome.*

\*\*\*\*\*

To register, please complete the following items:

GSSC Registration Form: \_\_\_\_\_

Medical Treatment Consent: \_\_\_\_\_

Photo Consent: \_\_\_\_\_

PIPEDA (personal info privacy) Form: \_\_\_\_\_

Participant Agreement Form: \_\_\_\_\_

Agreement to Receive Electronic Communications \_\_\_\_\_

\*T-Shirt Size: Adult XS/S/M/L/XL \_\_\_\_\_ or Women's Cut: XS/S/M/L/XL \_\_\_\_\_

**Return forms to the GSSC Registrar**

**[registrar@guelphsynchroswim.ca](mailto:registrar@guelphsynchroswim.ca)**

# Masters Novice Program Registration Form 2017-2018

Swimmer's Name: \_\_\_\_\_

## Masters Novice Team

September 17, 2017 – April 29, 2018

Times: 2.00 hours per week  
- Sunday: 10:00 am -12:00 pm – Victor Davis Pool, Victoria Rd East Rec Centre

Cost: \$648.00 (or \$81 per month from Sept – April)

---

## Masters Novice Team Performance Schedule 2017-2018

Christmas Water Show, University of Guelph – December 16, 2017

College Royal Performance, University of Guelph – March 17, 2018

Year End Water Show, University of Guelph – May 12, 2018

\*\*\*\*\*

## **PAYMENT & REGISTRATION FORMS: Payment is now being accepted for the 2017-18 season**

Options for payment includes e-transfer or cheque (post-dated). A monthly instalment plan is available. Monthly payment is due by e-transfer or post-dated cheques by the 1<sup>st</sup> of the month. If paying by cheque please make payable to GSSC.

Please return your registration form preferably by email: [registrar@guelphsynchroswim.ca](mailto:registrar@guelphsynchroswim.ca)

or by mail to: GSSC (Attn: Registrar)  
P.O. Box 21044  
35 Harvard Road  
Guelph, Ontario N1G 4T3

## **PAYMENT:**

Please direct your E-transfer payment the GSSC Treasurer at: [treasurer@guelphsynchroswim.ca](mailto:treasurer@guelphsynchroswim.ca)

or

mail cheques to attention Registrar/Treasurer at: GSSC, PO Box 21044, 35 Harvard Road, Guelph, ON N1G 4T3.

**Guelph Synchronized Swim Club  
Registration Form (Masters Novice)  
2017-2018**

Swimmer's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(YY /MM /DD)

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Work Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_ (\*method used for all club communications)

**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): \_\_\_\_\_  
\_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_

Emergency Contact Telephone: \_\_\_\_\_

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

\_\_\_\_\_  
Signature Date



## Participant's Agreement

Name of Participant: \_\_\_\_\_ Age \_\_\_\_\_ CLUB: Guelph Synchronized Swim 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 (Swimmer)

\_\_\_\_\_  
Signature of Participant (Swimmer)

\_\_\_\_\_  
Date

**CONSENT FOR EMERGENCY MEDICAL TREATMENT**  
**(to be signed by the participant)**

I, \_\_\_\_\_, 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 my emergency contact regarding my medical status in the event an emergency arises. In the event that my emergency contact can not be reached, 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 importance of this grant of powers to the officials and coaches of Synchro Swim Ontario.

Dated: \_\_\_\_\_, 2017      Participant signature: \_\_\_\_\_

## PHOTOGRAPH AND INFORMATION PERMISSION

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](http://www.synchroontario.com).

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 \_\_\_\_\_  
(Swimmer)

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

Address \_\_\_\_\_

Phone \_\_\_\_\_

**Guelph Synchronized Swim Club**

**Personal Information Protection and Electronics Documents Act (PIPEDA)**

**Consent Form**

**September 1, 2017 - August 31, 2018**

Print Name: \_\_\_\_\_  
(Swimmer)

In keeping with efforts to remain compliant with PIPEDA 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, competition 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](http://www.synchroontario.com) under Privacy Policy. For further information call the Synchro Swim office 1-905-572-7962 extension 224.

Member's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Swimmer)

**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, \_\_\_\_\_, agree to receive electronic communications from Synchro  
(participant)

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**