



Guelph Synchronized Swim Club (GSSC)
Recreational Program - Registration Form 2017-218
P.O. Box 21044
35 Harvard Road
Guelph, Ontario
N1G 4T3
www.guelphsynchros swim.ca

August 2017

Welcome to the Guelph Synchronized Swim Club! Registration is now open for the 2017-2018 season!

Our Recreational Program is our grassroots program. Many of Guelph's competitive synchronized swimmers started out in this program and discovered their passion for the sport.

Participants in this program learn the basics of synchronized swimming, including the eggbeater, sculling, basic figures and body positions in a fun-filled environment. Swimmers will be introduced to team concept and team spirit, while learning life-long skills of commitment, discipline, pride, respect, self-esteem and positive body image. In addition, our program is consistent with Synchro Ontario's age-based programming, Canada's Long Term Athlete Development / Sport for Life Initiative to promote healthy activity at all ages. Through skill and swim development, this program encourages flexibility, fitness and strength, with an emphasis on having fun and team-building.

Our Recreational Programs is for swimmers with either no previous synchronized swimming experience as well as returning recreational swimmers.

PRACTICE & PERFORMANCES:

Depending on age and skill level, recreation swimmers practice weekly, on either Tuesday evenings or Saturday afternoons. Further details available on next page. In addition to weekly practices, these swimmers prepare a short swim routine and perform at several club water shows, a charity swim and demonstrations. Our Recreational Program is a full season program commencing September 16, 2017 and extending through to May 12, 2018.

FEES & SWIM APPAREL:

What is included with your registration?

Each swimmer will receive:

- GSSC t-shirt,
- 1 swim cap, and
- 1 nose plug.

Swimmers are responsible for providing their own:

- one-piece swimsuit,
- towels,
- goggles, and
- BIG SMILES!

FUNDRAISING & VOLUNTEER OPPORTUNITIES:

Your assistance with GSSC fundraising initiatives is most welcome as is involvement as a volunteer with Club events. Further details available shortly.

To register, please complete the following forms and email registrar@guelphsynchroswim.ca

GSSC Registration Form: _____

Medical Treatment Consent: _____

Photo Consent: _____

PIPEDA (personal info privacy) Form: _____

Participant Agreement Form: _____

Agreement to Receive Electronic Communications _____

*T-Shirt Size: Youth S/M/L _____ Adult XS/S/M/L/XL _____ Women's Cut: XS/S/M/L/XL _____

PAYMENT & REGISTRATION FORMS: Registration forms are now being accepted

New and returning Recreation Program swimmers are encouraged to attend our 'Try Synchro' event scheduled for August 30th at Victor Davis pool from 5-7pm and register either in-person or alternatively by emailing the registration forms to the GSSC Registrar at registrar@guelphsynchroswim.ca or by mail to: GSSC, P.O. Box 21044, 35 Harvard Road, Guelph, Ontario N1G 4T3

PAYMENT OPTIONS:

Payment options are either e-transfer or post-dated cheques. A monthly instalment plan is available. Payment is due on the 1st of each month. If paying by cheque please make payable to GSSC.

E-transfer payments to be sent to the GSSC Treasurer at: treasurer@guelphsynchroswim.ca or mail your payment to the address listed above.

Questions? Contact GSSC Registrar at registrar@guelphsynchroswim.ca

GSSC Recreational Program Registration Form 2017-2018

Swimmer's Name: _____

Little Mermaids (7 & under) September 12, 2017 – May 8, 2018

- Tuesday:** 1.5 hours per week (5:00-5:30 dry land; 5:30-6:30 pool) - Centennial Pool
Cost: \$648.00 (\$72.00 per month)

This age group will start learning basic skills (sculling, body position) that are the fundamentals of synchronized swimming in a fun-filled environment. Swimmers will learn basic routine skills such as patterns, traveling and counting to music. Swimmers will create a routine to showcase at the water shows. **Lessons are based on Synchro Ontario's 'Swim Synchro!' Program.**

Requirements: Swimmer should have some basic swimming skills.

Star Fish (ages 8-10) September 16, 2017 – May 12, 2018

- Saturday:** 2 hours per week (12:30-1:00 dry land; 1:00-2:30 pool) – University of Guelph
Cost: \$864.00 (\$96.00 per month)

Requirements: Swimmers should be able to swim 1-2 widths of the pool.

Sea Turtles (ages 9 -12) – September 16, 2017 – May 12, 2018

- Saturday:** 2.5 hours per week (12:30-1:00 dry land; 1:00-3:00 pool) – University of Guelph
Cost: \$1,080.00 (\$120.00 per month)

Requirements: Swimmers should be able to swim 3-4 widths of the pool.

Dolphins (ages 13-16) – September 16, 2017 – May 12, 2018

- Saturday:** 2.5 hours per week (12:30-1:00 dry land; 1:00-3:00 pool) – University of Guelph
Cost: \$1,080.00 (\$120.00 per month)

Requirements: Swimmers should be able to swim 6-8 widths of the pool.

Star Fish, Sea Turtle and Dolphin programs will concentrate on fundamental synchro skills such as eggbeater, layouts and sculling positions. Swimmers will also continue to develop routine skills to create a routine for the end of season water show. **Lessons are based on Synchro Ontario's Trillium Program.**

RECREATION PROGRAM PERFORMANCE SCHEDULE 2017-2018 – MARK YOUR CALENDAR!

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

Guelph Synchronized Swim Club
Recreation Program
2017-2018 Registration Form

Swimmer's Name: _____

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

Address: _____

City: _____

Postal Code: _____

Parent/Guardian: _____
(if swimmer is under 18)

Home Telephone: _____ - _____ - _____

Mom's cell: _____ - _____ - _____

Work Telephone: _____ - _____ - _____

Dad's cell: _____ - _____ - _____

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

Dad's 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): _____

Alternate Emergency Contact: _____

Emergency Contact Telephone: _____

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

Parent/Guardian's Name (print)

Parent/Guardian's Signature

Date



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

Name of Participant: _____ Age (under18) _____ CLUB: Guelph Synchronized Swim Club
Years old

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.

LACKNOWLEDGE 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

Printed Name of Parent or Guardian

Signature of Parent or Guardian

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: _____, 2017 Parent/Guardian 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.

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 _____
(Parent or Guardian if under 18 years of age)

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: _____
(parent / swimmer names)

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 under Privacy Policy. For further information call the Synchro Swim office 1-905-572-7962 extension 224.

Member's signature: _____ Date: _____
(parent'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

Signature of Parent/Guardian (if applicable)

Date