



## Guelph Synchronized Swim Club (GSSC) 2018-19 Novice Competitive - Registration

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

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

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July, 2018

### Welcome to the Guelph Synchronized Swim Club Novice Competitive Stream!

#### PRACTICE & MEET SCHEDULE:

This program is a full-season commitment from September 2018 to May 2019. The Novice Competitive swimmers practices twice weekly on Tuesday evenings at Centennial Pool and Saturday afternoons at the University of Guelph, Red Pool. The meet schedule will be distributed at the parents meeting in September. The Novice teams will compete in up to 4 competitions during the season and all the GSSC water shows.

#### FEES:

Fees are based on registration and include mandatory Synchro Ontario and Synchro Canada registration, competition registration fees, pool rental, coaching, and general club operations. The 2018-19 fees are as follows:

- \$250 initial registration fee (non-refundable)
- Monthly fee (Due first day of month September – May) which will be finalized in early September and will be based upon the total number of swimmers in the novice program. The monthly fee is estimated to be approximately \$200/month.

#### SWIM & TEAM APPAREL:

Athletic sport teams often have supplementary fees associated with team apparel and required uniforms. For your convenience, GSSC sells the required Novice Competitive team swimwear which includes 2 swimsuits (one piece black suit & team practice suit), team t-shirt, goggles, 2 swim caps (white and team GSSC), and nose plugs which are all necessary for the synchro season. These items cost approximately \$200. In addition, there will also be supplementary items available for purchase including team jacket, pants and swim bags.

#### FUNDRAISING:

All Novice Competitive Team participants are required to fundraise to support the club operations during the synchro season. At the initial parents meeting in September fundraising requirements will be outlined. Fundraising activities in previous years included selling MacMillan Cookie Dough, Christmas Wreaths, Veseys Bulbs and Guelph Storm Tickets. Swimmers are also encouraged to seek corporate sponsorships for their fundraising requirements.

If you have any questions about the Novice Competitive Program, please contact Kelli Rice, GSSC President at [president@guelphsynchroswim.ca](mailto:president@guelphsynchroswim.ca) or Conni Merwin, GSSC Novice & Recreation Director at [conni@speechpathways.ca](mailto:conni@speechpathways.ca)

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#### To register, please complete the following items:

|                           |  |
|---------------------------|--|
| GSSC Registration Form    | PIPEDA (personal information privacy) Form     |
| Medical Treatment Consent | Participant Agreement Form                     |
| Photo Consent             | Agreement to Receive Electronic Communications |

## Novice Competitive Program Registration Form

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

### Novice Competitive 10 & Under Team (*swimmer must be 10 years or under as of December 31, 2019*)

Beginning **September 8, 2018**

Times: 4.50 hours per week  
Tuesday: 5:30 -7:30 (pool) - Centennial Pool  
Saturday: 12:30 – 1:30pm (dry land); 1:30 – 3:00pm (pool) – University of Guelph

### Novice Competitive 10+ Team (*swimmer will be older than 10 years as of December 31, 2019*)

Beginning **September 8, 2018**

Times: 4.50 hours per week  
Tuesday: 5:30 -7:30pm (pool) - Centennial Pool  
Saturday: 12:30 – 1:30pm (dry land); 1:30 – 3:00pm (pool) - University of Guelph

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### Payment of Fees:

Fees are determined based on a range of factors including the number of swimmers registered. Parents will be notified promptly once fees are finalized in early September.

Options for payment include e-transfer (full season payment only) or cheque. Monthly payment may be made by a series of post-dated cheques dated for the 1<sup>st</sup> of each month and provided with registration. If paying by cheque please make payable to GSSC.

Please send your \$250 initial registration fee (non-refundable) via e-transfer to [treasurer@guelphsynchrowim.ca](mailto:treasurer@guelphsynchrowim.ca)

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

Please return your registration form either via email [registrar@guelphsynchrowim.ca](mailto:registrar@guelphsynchrowim.ca)

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

# Guelph Synchronized Swim Club Registration Form

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

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

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

Parent/Guardian: \_\_\_\_\_  
(if swimmer is under 18)

Home Telephone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Parent cell: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Work Telephone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Parent cell: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

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

Parent 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.

**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

\_\_\_\_\_  
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: \_\_\_\_\_ Parent/Guardian signature: \_\_\_\_\_

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**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 \_\_\_\_\_  
(Parent or Guardian if under 18 years of age)

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

Address \_\_\_\_\_

Phone \_\_\_\_\_

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

**Consent Form**

**September 1, 2018 - August 31, 2019**

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](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: \_\_\_\_\_  
(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.

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**Signature of Participant**

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**Date**

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**Signature of Parent/Guardian (if applicable)**

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**Date**