



DURHAM SYNCHRO SWIM CLUB
Recreational Program Registration Form

Name: _____ **DOB (D/M/Y)** _____ **Age** _____

Address: _____ **Apt /Unit** _____

City _____ **Postal Code** _____

Home Phone _____ **E-mail Address** _____

<u>CLASS OPTION</u> – (Indicate Code number –Please check carefully)		
*1 st choice _____	*2 nd choice _____	FEE: _____
Class Description/Location _____ (eg. Learn to Synchro- Civic)		
Current Aqua Quest level _____ New ____ Returning ____ Trillium _____		
How did you hear about Durham Synchro? _____		

WAIVER

In consideration of acceptance of my application, I, my heirs and administration hereby waive & release all rights and claims for damages that I/we may have against Durham Synchro Swim Club Inc., its employees or contracted coaches for any injuries sustained by me or my child at any practice, competition or function held under the jurisdiction of the Durham Synchro Swim Club Inc. and/or its affiliated associates.

I hereby acknowledge that the Durham Synchro Swim Club Inc. and its coaches are not responsible for the safekeeping of any persons or property. I hereby acknowledge that it is my responsibility to provide required swimsuits and synchro specific items.

I hereby recognize and accept that a transfer from one program to another is inappropriate after December 1st. I understand that any exceptions for special circumstances must be reviewed and accepted by the Executive Committee of Durham Synchro Club Inc.

_____ **Date** _____ **Signature (parent/guardian)** _____ **Witness**



MEDIA RELEASE FORM

I give permission for my daughter's picture to appear in Durham Synchronized Swim Club Inc. and Synchro Ontario promotional materials (including, the web-site and brochure) and media releases (newspaper articles etc.), photographs, videos, film footage etc. and the undersigned shall receive no compensation as a result of such use from Durham Synchronized Swim Club or Synchro Ontario

_____ Yes, _____ No

_____ **Date** _____ **Signature (parent/guardian)** _____ **Witness**

REFUND POLICIES

Synchro Swim Fun 1/2- no refund offered after the 2nd class.

(Any refund will be subject to a \$30.00 administration fee.)

Learn to Synchro – If a swimmer withdraws from her selected program within the first 2 full weeks of classes an administration fee of \$50.00 will apply. Refunds from week 3 to Dec 1st will be based on a prorated formula plus a \$50.00 administration fee. There will be NO refunds after Dec. 1st. All NSF cheques will be subject to a \$20.00 administration fee.

_____ **Date** _____ **Signature (parent/guardian)** _____ **Witness**



Durham Synchrono Medical Information Form

2005/2006 Recreational Season

PLEASE PRINT

Swimmers Name: _____ Date of Birth _____

Address: _____

City: _____ Postal Code: _____

Telephone: () _____ Ontario Health Card #: _____

Family Physician: _____ Telephone: () _____

Known Allergies: _____

Medication(s) in current use: _____

Medical problems or condition that may require attention: _____

Additional Comments: _____

IN CASE OF EMERGENCY CONTACT: (WILL BE CONTACTED IN ORDER LISTED)

1. Name: _____ 2. Name: _____

Relationship: _____ Relationship: _____

Telephone #: Res. () _____ Telephone #: Res. () _____

Bus/Cell. () _____ Bus/Cell. () _____

3. Other: _____ Telephone #: Res. () _____

Relationship: _____ Bus. () _____

I/We the undersigned legal parents or guardians, proclaim that _____ is in good health and able to participate in strenuous activity as part of her training in synchronized swimming.

Signed: _____

(Parents or Legal Guardians)

Date: _____
)

Signed: _____
(Witness)



Personal Information Consent form

Personal information will only be collected by Durham Synchronized Swim Club Inc. to meet and maintain the highest standard of organizing and programming the sport of synchronized swimming. Durham Synchronized Swim Club Inc. collects personal information from prospective members, coaches, managers and volunteers for purposes that include, but are not limited to, the following:

- a) Name, address, phone number, cell phone number, fax number, and e-mail address for the purpose of communicating about Durham Synchronized Swim Club Inc.'s events, programs and activities.
- b) Date of birth and athlete biography and member club to determine eligibility, age group and appropriate level of play.
- c) Personal health information including provincial health card numbers, allergies, emergency contact and past medical history for use in the case of medical emergency.
- d) Athlete information including height, weight and body measurements, uniform size for outfitting uniforms, swimsuits etc. feedback from coaches and trainers, performance results, biography information and required registration forms, media relations and components of selection.
- e) Athlete whereabouts information including sport/discipline, training times and venues, training camp dates and locations, travel plans, competition schedule, and disability. If applicable, for Canadian Centre for Ethics in Sport inquiries for the purpose of out-of-competition doping testing.
- f) Body weight, mass and body fat index to monitor physical response to training and to maintain an appropriate weight for competition.
- g) Marketing information including attitudinal and demographic data on individual members to determine membership demographic structure, and program wants and needs.

I, _____, consent to the collection, use and disclosure of my/my daughter's personal information for the purposes noted above.

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

The full details of the Privacy Policy for the Durham Synchronized Swim Club Inc. will be posted to our club website at www.durhamsynchro.com at a future date.

The Synchro Swim Ontario Privacy Policy is posted at www.synchroontario.com under "Privacy Policy".

Date: _____ Name(Print): _____

Signature: _____