

Welcome to the Durham Synchro Club. This Registration Package contains all the information and forms necessary to enrol your child into the Competitive Synchronized Swimming Program. Please read carefully. Forms must be completed in their entirety and mailed to the enclosed address. Electronic forms will not be accepted. Signatures from Parents/Guardians and/or swimmer are required where indicated. For any question or concerns, please contact the Durham Synchro Club at 905-720-7747 or email at infor@durhamsynchro.com.

Mail all Registration Forms to:
Durham Synchro Club Inc.
Attention: VP Competitive Programs
728 Anderson Street P.O. Box 59014
Whitby, Ontario L1N 0A4

Registrations Due July 4, 2011

Have A Great Summer – See You In September!
Durham Synchro Club

Checklist of Documents to Return to Complete Registration

Document	Provincial Level	NEW Competitive Swimmers	Returning Competitive Level	Cheque Amount
Durham Synchro Registration Form	X	X	X	
Durham Synchro Waiver Form & Media Release form	X	X	X	
Durham Synchro Medical Information Form	X	X	X	
Durham Synchro Personal Information Consent Form	X	X	X	
Synchro Swim Ontario Participant Agreement Form <i>Must be signed both by parent and swimmer</i>	X	X	X	
Synchro Swim Ontario Consent For Emergency Medical Treatment Form	X	X	X	
Code of Ethics/Behavior <i>Must be signed both by parent and swimmer</i>	X	X	X	
Copy Birth Certificate		X		
Registration Fee (Non-refundable, applied to total fees)	X	X	X	\$250.00 (dated July 4, 2011)
First Fee Installment	X	X		\$300.00 (dated Sept. 15, 2011)
First Fee Installment			X	\$450.00 (dated Sept. 15, 2011)
Fundraising Deposit		X		\$100.00 (dated Sept. 15, 2011)
Make all cheques payable to <i>Durham Synchro Club</i>				

NOTE: Registration Fee (\$250.00) and the First Installment Fee (\$300.00 or \$450.00) will be applied against the full annual fee. Team Selection Fee (\$25 - National swimmers, \$50 - Provincial swimmers) and Registration Fee (\$250.00) are non-refundable if the swimmer chooses not to continue as a competitive swimmer. If swimming is discontinued due to injury/illness or any other reason, monthly payments will continue for the duration of the season. Any exceptions to this policy will be at the discretion of the Executive.

Competitive Program Registration Form PLEASE PRINT

Swimmer Information

LAST NAME _____ FIRST NAME _____
Date of Birth (MM/DD/YY) _____ Age as at December 31, 2012 _____
Street Address _____
City _____ Postal Code _____ Apt. _____
Mailing Address if different _____
Telephone _____ Cell (Optional) _____
Email Address (Mandatory) _____

Parent/Guardian Information

Mother's Name _____
Daytime Phone _____ Evening _____
Email Address _____ Cell (Optional) _____
Father's Name _____
Daytime Phone _____ Evening _____
Email Address _____ Cell (Optional) _____

For Returning Competitive Swimmers

Name of Last Year's Coach _____ Team/Level _____

NEW Competitive Swimmers

Name of Last Year's Coach _____ Team/Level _____
Star/Superstar Level _____ Trillium/Red Cross Swim Kids Level _____
Previous Synchrono Experience _____

Waiver

I hereby acknowledge that the Durham Synchro Club Inc. and its coaches are not responsible for the safekeeping of any personal property. I hereby acknowledge that it is my responsibility to provide required swimsuits, swim gear, travel accommodations and expenses.

I hereby recognize and accept that a transfer from one program to another within the Club, and movement in or out of the competitive program of the Club is not permitted after Team selection. 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)

Signature Witness

Media Release Form

PHOTOGRAPH AND INFORMATION PERMISSION

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

Signature
(Parent/Guardian if under 18 years of age)

Print Name

Address

Telephone

IMPORTANT: All documents must be completed and signed as indicated.

Medical Information Form PLEASE PRINT

Swimmer's Name _____
LAST FIRST

Date of Birth (MM/DD/YYYY) _____

Address _____

City _____ Postal Code _____

Telephone _____ Ontario Health Card _____

Family Physician _____ Telephone _____

Allergies (List) _____

Medication(s) Currently Used _____

Medical Problems or Conditions that may require attention _____

Additional Information _____

EMERGENCY CONTACT (Contacted in list of priority)

Name 1 _____ Relationship _____

Telephone _____ Cellphone _____

Name 2 _____ Relationship _____

Telephone _____ Cellphone _____

Name 3 _____ Relationship _____

Telephone _____ Cellphone _____

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.

Signature (Parent/Guardian) _____ Date _____

Signature (Witness) _____ Date _____

Personal Information Consent Form

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

- 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.
- Date of birth and athlete biography and member club to determine eligibility, age group and appropriate level of play.
- Personal health information including provincial health card numbers, allergies, emergency contact and past medical history for use in the case of medical emergency.
- 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.
- 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.
- Body weight, mass and body fat index to monitor physical response to training and to maintain an appropriate weight for competition.
- 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 Synchro 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 _____

IMPORTANT: All documents must be completed and signed as indicated.

Participant's Agreement for MINOR CHILD

To be signed by minor participant AND parent/guardian

Name of Participant (PLEASE PRINT)

Age (If under 18 years)

Name of 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.

Name of Participant (PRINT)

Signature of Participant

Name of Parent/Guardian (PRINT)

Signature of Parent/Guardian

Date

Date

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.

Date _____, 20 _____

Signature Parent/Guardian

Code of Ethics

Synchro Ontario has established code of ethics for parents, athletes and coaches. Their code is summarized here and is to be considered the official policy of the Durham Synchronized Swimming Club. Please review and acknowledge.

CODE OF ETHICS – GUIDELINES FOR PARENTS

All parents are expected to abide by the Code of Ethics for Parents as summarized from the Synchro Ontario handbook as follows:

- Do not force an unwilling child to participate in sports.
- Remember, children are involved in organized sports for their enjoyment, not yours.
- Teach the swimmer that honest, reasonable effort is as important as victory.
- Turn a temporary setback into victory by helping a swimmer work towards good sportsmanship while still improving.
- Never ridicule or yell at your child for making a mistake or losing a competition.
- Encourage your child to always play by the rules.
- Remember that swimmers learn best by example.
- Do not publicly question a Coach, Judge or Official's judgment and never their honesty.
- Do not attempt to recruit swimmers from another club or discredit other persons in order to persuade swimmers to leave their club.
- Recognize the value, effort and gift of time given by volunteers, officials and administrators.
- Recognize the value and importance of our coaches and the expertise they offer.
- Lend positive support to all members of the club.
- Support all efforts to remove verbal and physical abuse from children's sporting activities.

In addition to the above, all parents are expected to abide by the following Code of Behaviour:

- Ensure that your swimmer is in attendance at all practices and competitions.
- Ensure that your swimmer is on time for all practices and competitions.
- If your swimmer is not going attend a practice and/or meet, this must be approved by the team coach ahead of time.
- The Head Coach/Executive has the authority to remove a swimmer from a routine if attendance is a problem.
- Make sure that all required fees are paid on time. Fees are non-refundable.
- Volunteer time to help improve the club and the sport of synchronized swimming.
- Take an active role in the fund-raising activities of the club.
- Realize that many people are required to do the various club-related jobs. Offer your assistance whenever possible so that the workload is shared by all members.
- Each team will have a team parent to act as a liaison with the Team Coach and to co-ordinate with the other parents.
- Ensure that your swimmer has all the necessary equipment to participate properly.
- Attend all competitions whenever possible to give support and encouragement.
- If in conflict with a coach, parent or swimmer, a parent should appeal to the Team Coach, Head Coach or Executive (in that order) for assistance in resolving the conflict and seeking a solution.
- Remember, that in all matters of conflict, the final authority is ultimately that of the Executive.
- Remember that your child has chosen an exciting and demanding sport. Try to arrange your family schedule so that she is able to handle her school work and her sport, have some leisure time and get sufficient rest.

CODE OF ETHICS – GUIDELINES FOR ATHLETES

All athletes are expected to abide by the Code of Ethics for Athletes and summarized from the Synchro Ontario handbook as follows:

- Practice and compete for the love of the sport, not just to please your parents or coach.
- Demonstrate sportsmanship. Cheer for all performances, whether your team or competitors.
- Support all teams/duets/solos within the club as applicable.
- While representing Durham Synchro, all swimmers will behave in a manner that will bring credit to themselves and their team and the club.
- Abide by the rules.
- Swimmers will abstain from the use of banned substances (smoking, drugs and alcohol) as per Synchro Canada standards.

In addition to the above, all Athletes are expected to abide by the following Code of Behaviour:

- Team members will travel as a group during out of town meets and training camps.
- All swimmers will have complete club uniforms and will arrive at and leave meets, demonstrations or other club-related events wearing them. Club uniforms will be worn at all times while representing Durham Synchro.
- During awards presentations at all competitions, swimmers are to have their hair tied back or up and club jackets on over bathing suits or club pants as suitable unless instructed by their coach.
- At meets and competitions, the Coach and Chaperone are in charge. Guidelines established by the coach for bedtime, rest, food etc. are to be followed.
- Designated chaperones or parents enforcing the coach's instructions are to be obeyed.
- While traveling with the team, no swimmer is to entertain any individual in her room.
- While traveling with the team, no swimmer is to go on any excursion without the permission of the coach and chaperone and must be accompanied by a designated adult.
- Once registered with C.A.S.S.A. (Canadian Amateur Synchronized Swimming Association) on October 1, a swimmer who wishes to leave the club to swim for another club must wait 60 days before competing under the new club's name.

Read and Acknowledged

Signature (athlete)

Date

Attendance

A HIGH LEVEL OF COMMITMENT IS EXPECTED AT THE COMPETITIVE LEVEL

- Attendance and participation in all practices, meetings and competitions is mandatory. A swimmer may not be absent without permission of the Team Coach.
- If a swimmer misses too many practices the Team Coach, in conjunction with the Head Coach and/or Executive, has the option of removing the swimmer from the routine.
- If a swimmer is very sick, she should advise the Coach prior to the practice. Unless the swimmer has a fever or is contagious, she is expected to be on deck during practice time to observe.
- Parents shall not be on the pool deck during practices unless by invitation of the Coach.
- To allow for family time or vacations, the competitive teams try not swim on Thanksgiving, Easter, Christmas or March Break holidays depending on the competitive schedule.

Read and Acknowledged.

Signature Parent/Guardian

Date

ALL documents are completed and signed as indicated. New competitive swimmers MUST provide a photocopy of their birth certificate. Please note that electronic forms are not accepted, your signature is required where indicated on the documents.