



NOVA SYNCHRO CLUB

REGISTRATION CHECKLIST 2017/2018

Swimmer's Name _____			Registrar Use Only	
REGISTRATION FORMS				
<input type="checkbox"/> Participation Agreement for Synchro Alberta				
<input type="checkbox"/> Consent for Use of Personal Information (for Synchro Alberta)				
ANNUAL FEES				
Please make all cheques payable to: NOVA SYNCHRO CLUB (\$20 service fee for NSF Cheques)				
<input type="checkbox"/> Volunteer Deposit (competitive only)	1 Cheque UNDATED	\$300		
<input type="checkbox"/> Registration Fee	1 Cheque dated current	Pre-comp \$29	Competitive \$89	
<input type="checkbox"/> 9 Cheques dated 1st of each month OR <input type="checkbox"/> 1 Cheque dated current	Program Fees			
	<input type="checkbox"/> Little Synchro Fall	\$200 (non-refundable) in one cheque		
	<input type="checkbox"/> Learn to Synchro Fall	\$280 (non-refundable) in one cheque		
	<input type="checkbox"/> Learn to Synchro Winter	\$140 (non-refundable) in one cheque		
	<input type="checkbox"/> Little Synchro Spring	\$200 (non-refundable) in one cheque		
	<input type="checkbox"/> Learn to Synchro Spring	\$280 (non-refundable) in one cheque		
	<input type="checkbox"/> 10&Under (2x/wk)	1 st cheque \$180, \$140 consecutive monthly	\$1300/year	
	<input type="checkbox"/> 11-12 (2x/wk)	1 st cheque \$220, \$160 consecutive monthly	\$1500/year	
	<input type="checkbox"/> 13-15 (3x/wk)	1 st cheque \$260, \$230 consecutive monthly	\$2100/year	
	<input type="checkbox"/> 16-18 (4x/wk)	1 st cheque \$320, \$260 consecutive monthly	\$2400/year	
Duet and Solo Fees: Please make all cheques payable to NOVA SYNCHRO CLUB				
<input type="checkbox"/> 9 Cheques dated 1st of each month OR <input type="checkbox"/> 1 Cheque dated current	Program Fees			
	<input type="checkbox"/> Duet (each athlete)	1 st cheque \$120, \$60 consecutive monthly	\$600/year	
	<input type="checkbox"/> Solo	1 st cheque \$160, \$130 consecutive monthly	\$1200/year	



PARTICIPANT AGREEMENT FORM

IN CONSIDERATION of allowing my minor child/ward to participate in the programs, activities and events of Synchrono Alberta, **I ASSURE TO YOU THAT:**

1. I am the parent/guardian of the participant having full legal responsibility for decisions regarding the participant.
2. I believe that my minor/ward is physically, emotionally and mentally able to participate in the programs, activities and events of Synchrono Alberta.
3. I hereby acknowledge that I am aware of the risks and hazards associated with or related to the activities and events of Synchrono Alberta. The risks and hazards include, but are not limited to injuries from:
 - a) Executing strenuous and demanding physical techniques including boosts and lifts;
 - b) Vigorous physical exertion, strenuous cardiovascular workouts, rapid movements and quick turns and stops;
 - c) Exerting and stretching various muscle groups;
 - d) Entering the water by either diving or jumping;
 - e) Extended time underwater;
 - f) Spending extended times in chlorinated water including bacterial infections and rashes;
 - g) Dry land training including weights, pilates, running, dance, bands, circus school and massage;
 - h) Falling or colliding with the pool, pool bottom, walls, stands, equipment or with other participants;
 - i) Failure to properly use any piece of equipment or from the mechanical failure of any piece of equipment;
 - j) Contact, colliding, falling or being struck by other participants, spectators or equipment;
 - k) Spinal cord injuries which may render me permanently paralyzed;
 - l) Travel to and from competitive events and associated non-competitive events which are an integral part of Synchrono Alberta's activities.
4. Furthermore, I am aware that:
 - a. Injuries sustained to my child/ward can be severe;
 - b. My child/ward may experience anxiety while challenging himself/herself during the activities, events and programs;
 - c. My child/ward may come into close contact with other participants, including the possibility of accidental and unexpected contact;
 - d. My child/ward's risk of injury is reduced if he/she follows all rules established for participation; and
 - e. My child/ward's risk of injury increases as he/she becomes fatigued.

I UNDERSTAND AND AGREE, on behalf of myself, my heirs, assigns, personal representatives and next of kin that my signing of this document constitutes that:

5. I am registering my child/ward willingly and my child/ward is participating voluntarily in these activities, events and programs.
6. I agree that there are risks as described above and my child/ward will be exposed to these risks and hazards.
7. I agree to **accept all these risks and hazards** and be responsible for any injury or other loss which my minor child/ward might receive while participating in these events, activities and programs.
8. If something happens to my child/ward, I **release** Synchrono Alberta of responsibility for any claims, demands, actions and costs which might arise out of my child/ward's participation. I understand Synchrono Alberta to mean: Synchrono Alberta, its directors, officers, committee members, members, employees, coaches, volunteers, officials, judges, participants, agents, owners/operators of facilities, and representatives.

CONSENT FOR EMERGENCY MEDICAL TREATMENT

I, _____, parent/legal guardian of _____, give permission to the officials and coaches of Synchrono Alberta 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 Synchrono Alberta 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 Synchrono Alberta.

Dated: _____
Parent/Guardian signature

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

Signature of Participant

Printed Name of Parent or Guardian

Signature of Parent or Guardian

Date

NAME: _____ POSITION: _____ DATE: _____

Consent for Use of Personal Information

1. I, the Participant and/or the Parent/Guardian of the Participant:

(Please provide your initials as consent to the applicable section)

a) Authorize the _____ Club, Synchro Alberta, Synchro Canada and Sport Canada (collectively the "Organizations") to collect, disclose and use personal information about the Participant for the purposes described in the Organizations' respective *Privacy Policies*. This consent is in compliance with the *Personal Information Protection Act, PIPEDA* and the Canadian Anti-Spam Legislation

_____ Initial Here

b) Grant permission to the Organizations to photograph and/or record the Participant's image and/or voice on still or motion picture film and/or audio tape, and to use this material to promote the sport of synchronized swimming or the Organizations through the media of newsletters, websites, television, film, radio, print and/or display form and waive any claim to remuneration for use of audio/visual materials used for these purposes.

_____ Initial Here

2. I understand that I may withdraw such consent at any time by contacting the Organizations' respective Privacy Officers. The respective Privacy Officer will advise the implications of such withdrawal.

The Organizations do not sell or distribute your personal information to any other third party not listed herein