



NOVA SYNCHRO CLUB

COMPETITIVE REGISTRATION CHECKLIST 2020/2021

Swimmer's Name: _____				Registrar Use Only																	
REGISTRATION FORMS																					
<input type="checkbox"/> Participation Agreement for Alberta Artistic Swimming																					
<input type="checkbox"/> Consent for Use of Personal Information for Alberta Artistic Swimming																					
ANNUAL FEES																					
<input type="checkbox"/> Volunteer Deposit (if new to club)	1 Cheque UNDATED	\$300																			
<input type="checkbox"/> AAS Registration Fee	1 Cheque dated current	\$94																			
<input type="checkbox"/> Nova Program Fee Payment Options: 9 Cheques dated 1st of each month OR 1 Cheque dated current	Program Fees																				
	<input type="checkbox"/> 9-10 (2x/wk)	1 st cheque \$180, \$140 consecutive monthly	\$1300/year																		
	<input type="checkbox"/> 11-12/Novice (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"/> 16-20 (4x/wk)	1 st cheque \$340, \$270 consecutive monthly	\$2500/year																		
Duet and Solo Fees: Please make all cheques payable to NOVA SYNCHRO CLUB																					
<input type="checkbox"/> Extra Routine Fee Payment Options: 9 Cheques dated 1st of each month OR 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																		
FEE CALCULATION																					
Please make all cheques payable to: NOVA SYNCHRO CLUB (\$20 service fee for NSF Cheques)																					
<table border="0"> <tr> <td>Volunteer Deposit</td> <td>\$ _____ (separate cheque, undated if new to club)</td> </tr> <tr> <td>AAS Registration Fee</td> <td>\$ _____ (can be added to September cheque)</td> </tr> <tr> <td>Nova Program Fee</td> <td>\$ _____ (monthly/yearly)</td> </tr> <tr> <td>Extra Routine Fee</td> <td>\$ _____ (monthly/yearly)</td> </tr> <tr> <td>Total</td> <td>\$ _____ September Payment</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Cash or <input type="checkbox"/> Cheque # _____</td> </tr> <tr> <td></td> <td>\$ _____ Oct-May Payments</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Cheques # _____</td> </tr> </table>						Volunteer Deposit	\$ _____ (separate cheque, undated if new to club)	AAS Registration Fee	\$ _____ (can be added to September cheque)	Nova Program Fee	\$ _____ (monthly/yearly)	Extra Routine Fee	\$ _____ (monthly/yearly)	Total	\$ _____ September Payment		<input type="checkbox"/> Cash or <input type="checkbox"/> Cheque # _____		\$ _____ Oct-May Payments		<input type="checkbox"/> Cheques # _____
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PARTICIPANT AGREEMENT FORM

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT

BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING WITHOUT LIMITATION THE RIGHT TO SUE OR CLAIM COMPENSATION FOLLOWING AN ACCIDENT

PLEASE READ CAREFULLY!

IN CONSIDERATION of allowing my minor child/ward to participate in the programs, activities, and events of Alberta Artistic Swimming and of affiliated Alberta artistic swimming clubs ("Clubs"), **I ASSURE TO YOU AND AGREE THAT:**

1. I am the parent/guardian of the participant having full legal responsibility for decisions regarding the participant.
2. **I understand Alberta Artistic Swimming to mean: Alberta Artistic Swimming, its committee members, members, and Clubs, and Alberta Artistic Swimming's and the Clubs' directors, officers, employees, coaches, volunteers, chaperones, officials, judges, participants, agents, owners/operators of facilities, and representatives. I understand that negligence includes any failure on the part of Alberta Artistic Swimming to take reasonable steps to safeguard or protect my child/ward from the risks, dangers and hazards referred to below.**
3. I believe that my child/ward is physically, emotionally and mentally able to participate in the programs, activities and events of Alberta Artistic Swimming.
4. I hereby acknowledge that I am aware of the risks and hazards associated with or related to the activities and events of Alberta Artistic Swimming. The risks and hazards include but are not limited to injuries from:
 - a) Executing strenuous and demanding physical techniques including without limitation 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 without limitation bacterial infections and rashes;
 - g) Dry land training including without limitation 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 the child/ward permanently paralyzed;
 - l) Head and brain injuries including without limitation concussions;
 - m) Travel to and from competitive events and associated non-competitive events which are an integral part of Alberta Artistic Swimming's activities; and
 - n) Negligence on the part of Alberta Artistic Swimming.
5. 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 without limitation 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:

6. I am registering my child/ward willingly and my child/ward is participating voluntarily in these activities, events and programs.
7. I agree that there are risks as described above and my child/ward will be exposed to these risks and hazards.
8. 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.
9. **I waive, release and shall hold harmless and indemnify Alberta Artistic Swimming for any claims, demands, losses, damages, expenses, injuries, actions and costs of any kind and nature whatsoever, including without limitation for negligence, breach of contract, or breach of any statutory or other duty of care, which my child/ward may incur or which might arise out of my child/ward's participation in the activities, events, and programs of Alberta Artistic Swimming.**

CONSENT FOR EMERGENCY MEDICAL TREATMENT

I, _____, parent/legal guardian of _____, give permission to Alberta Artistic Swimming to make decisions concerning medical care and treatment, and where necessary to authorize such care and treatment in emergency situations for my child/ward. I understand that Alberta Artistic Swimming 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 authority, 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 Alberta Artistic Swimming.

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

Club Name

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, Alberta Artistic Swimming, Canada Artistic Swimming 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 artistic 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