



Burlington Synchronized Swimming Club 2012 Winter Recreational Registration Form

PLEASE COMPLETE ALL SECTIONS OF THIS FORM AND MAIL COMPLETED FORM
AND PAYMENT TO (cheques made payable to BSSC):
BSSC 503 Plains Rd East - PO Box 71099 Burlington ON L7T 4J8

Swimmer's First Name: _____ Last Name: _____

D.O.B. (Month/Day/Year): _____

Home Address: _____

City: _____ Postal Code: _____

Parent's Names: _____

Home Phone Number: _____ Emergency Cell Number: _____

Email Address(es): _____

Current Level of Swimming or Synchronized Swimming:

Medical information of which the coaches should be made aware (allergies, medication, medical conditions, special needs):

Please check the class you are registering for:

AquaSquirts Ages 3-4 years

- | | | | | | | |
|--------------------------|-----------|-----------------|-----------|--------------|-----------|---------|
| <input type="checkbox"/> | Sunday | Centennial | 2:30-3:00 | Jan 8-Mar 4 | 9 classes | \$54.00 |
| <input type="checkbox"/> | Monday | Angela Caughlan | 6:00-6:30 | Jan 9-Mar 5 | 8 classes | \$48.00 |
| <input type="checkbox"/> | Wednesday | Tansley Woods | 5:00-5:30 | Jan 11-Mar 7 | 9 classes | \$54.00 |
| <input type="checkbox"/> | Wednesday | Tansley Woods | 5:30-6:00 | Jan 11-Mar 7 | 9 classes | \$54.00 |
| <input type="checkbox"/> | Wednesday | Tansley Woods | 6:00-6:30 | Jan 11-Mar 7 | 9 classes | \$54.00 |

AquaSquirts Ages 5-6 years

- | | | | | | | |
|--------------------------|-----------|-----------------|-----------|--------------|-----------|---------|
| <input type="checkbox"/> | Sunday | Centennial | 2:30-3:00 | Jan 8-Mar 4 | 9 classes | \$54.00 |
| <input type="checkbox"/> | Monday | Angela Caughlan | 6:00-6:30 | Jan 9-Mar 5 | 8 classes | \$48.00 |
| <input type="checkbox"/> | Monday | Aldershot | 5:00-5:30 | Jan 9-Mar 5 | 8 classes | \$48.00 |
| <input type="checkbox"/> | Monday | Aldershot | 5:30-6:00 | Jan 9-Mar 5 | 8 classes | \$48.00 |
| <input type="checkbox"/> | Wednesday | Tansley Woods | 5:00-5:45 | Jan 11-Mar 7 | 9 classes | \$81.00 |
| <input type="checkbox"/> | Wednesday | Tansley Woods | 5:45-6:30 | Jan 11-Mar 7 | 9 classes | \$81.00 |

Beginner

<input type="checkbox"/>	Sunday	Centennial	3:00-4:00	Jan 8-Mar 4	9 classes	\$108.00
<input type="checkbox"/>	Monday	Angela Coughlan	6:30-7:30	Jan 9-Mar 5	8 classes	\$96.00
<input type="checkbox"/>	Monday	Aldershot	5:00-6:00	Jan 9-Mar 5	8 classes	\$96.00
<input type="checkbox"/>	Wednesday	Tansley Woods	5:00-6:00	Jan 11-Mar 7	9 classes	\$108.00
<input type="checkbox"/>	Thursday	Centennial	5:00-6:00	Jan 12-Mar 8	9 classes	\$108.00

Adult Beginner

<input type="checkbox"/>	Tuesday	Aldershot	8:00-9:00	Jan 10-Mar 6	9 classes	\$108.00
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POOL LOCATIONS AND TELEPHONE NUMBERS

Centennial Pool, 5151 New Street, East of Appleby Line at the east end of
Robert Bateman High School 905.639.5722

Aldershot Pool, 50 Fairwood Pl. W., 1 block south of Plains Road, turn right on Fairwood,
attached to Aldershot High School 905 637 5688

Tansley Woods, 1996 Itabashi Way
East of Walker's Line running south from Upper Middle Road 905 332-1996

Angela Coughlan, 2425 Upper Middle Rd.
West of Guelph Line on the north side of Upper Middle Road, attached to
M.M. Robinson High School 905 335-7000

GENERAL RELEASE In consideration of permission to use the facilities, staff, equipment and services of the Burlington Synchronized Swimming Club (BSSC), I, on behalf of myself, my heirs, personal representatives of assigns, or as the legal guardian of the minor registrant, do hereby release and save harmless, waive, and forever discharge the BSSC, its directors, officers, employees, volunteers and agents from liability from any and all claims resulting in personal injury, accidents or illnesses (including death) and property loss arising from, but not limited to, participation in activities, classes, observation and use of facilities, premises or equipment. I further authorize BSSC to obtain any medical care deemed necessary in the event of an injury and agree to pay for any resulting medical expenses. By signing this form, I acknowledge having read, understood and agreed to this waiver, release and indemnity.

PRIVACY POLICY Synchro Ontario requires that all Clubs develop a privacy policy and be in compliance with the Federal Government's privacy act entitled "Personal Information Protection and Electronic Documents Act" (PIPEDA), as applicable. The Club must confirm that all registrants have given consent to the collection, use and disclosure of their personal information in order for the swimmer to be a member in good standing. I consent to the collection, use and disclosure of the personal information of my child for the purpose of registration with the Burlington Synchronized Swimming Club. I further consent to the disclosure of my child's personal information to the following parties: 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 Privacy Policy can be viewed on the Synchro Ontario website at www.synchroontario.com.**

PHOTO / VIDEO CONSENT The undersigned authorizes Burlington Synchronized Swimming Club (BSSC) and Synchro Swim Ontario to permit photographers / videographers employed or designated by BSSC and Synchro Swim Ontario, to take photographs and/or film/video footage of and to obtain quotations and information from my child. Such photographs, film/video footage and recorded comments may be used for educational purposes, website, 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, flyers and promotional publications and the undersigned shall be entitled to no compensation as a result of such use from BSSC,

CONSENT FOR MEDICAL TREATMENT The undersigned gives permission to the officials and coaches of the Burlington Synchronized Swimming Club (BSSC) 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 BSSC 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 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 BSSC.

PLEASE NOTE: For insurance purposes, this applicant will not be fully registered until the BSSC has received:

~ this signed application form, completed on both sides;

~ a signed copy of the Participant Agreement form (Swimmer signature required if between 13 - 17 years of age);

~ a cheque in the appropriate amount for the applicable program.

Please make cheque(s) payable to BSSC, and mail: BSSC 503 Plains Rd E, PO Box 71099, Burlington ON L7T 4J8

Signature of Parent

Print Name (Parent)

Date

NOTE: YOUR ATHLETE IS NOT FULLY REGISTERED AND WILL NOT BE ALLOWED TO SWIM UNTIL THIS FORM AND THE PARTICIPANT AGREEMENT FORM ARE COMPLETED, SIGNED AND RETURNED.

SYNCHRO SWIM ONTARIO is looking for your support! Every "synchro fan" that signs up for a Booster Membership increases our numbers, which are necessary when soliciting government assistance. The funding we receive from the government is used to benefit the clubs and members of Synchro Ontario. Help us grow and ensure funding for synchronized swimming in Ontario! The Yearly membership fee is \$5.00 a person. Contact Elly Van Fleet at recreation@burlingtonsynchro.com for more information or check here and include a \$5.00 cheque with your Registration, payable to Synchro Ontario.





**Participant's Agreement for MINOR CHILD
to be signed by minor participant AND parent/guardian**

Name of Participant: _____ Age (under 18) _____ 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.

Printed Name of Participant

Signature of Participant

Printed Name of Parent or Guardian

Signature of Parent or Guardian

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.

Dated: _____, 20____ Parent/Guardian signature: _____