



KW Synchronized Swim Club

2010-2011 Masters Registration Package

Competitive Masters Program:

Welcome to KW Synchrono's competitive program for swimmers aged 19 years or greater and over who have one or more years of competitive synchro experience or who wish to learn advanced skills. KWSC program emphasis will be placed on improvement of synchro skills, swimming strokes, and maintaining and improving fitness. Swimmers will prepare a routine to perform at two (2) club watershows as well as compete in Synchro Canada sanctioned Masters Competitions. Team will train two (2) days at five (5) hours per week with the option of adding a solo or duet one day a week.

Practice schedule and fees:

MONDAYS @ Wilfrid Laurier University @ 7:00 pm to 10:00 pm
 TUESDAYS @ Cameron Heights 5:30 pm to 7:00 pm
 SATURDAYS @ Cameron Heights 1:00 pm to 4:00 pm (Oct 2, Nov 27, Jan 15, Feb 26, Mar 26, Apr 16)

Program commences **September 13, 2010** to May 11, 2011

Please note practice on Monday, September 13, 2010 will be held at Cameron Heights Pool from 8:00 pm to 10:00 pm

PROGRAM DESCRIPTION	Registration Fee	Program Fee	Meet Entry Fee*	Fund Raising**	9 Monthly Payments***	Practice dates, times, locations
Masters - Team	\$175	\$950	\$150	\$300	\$141.66	Mon 7:00-10:00 pm @ Wilfrid Laurier Tues 5:30-7:00 pm @ Cameron Heights Additional Saturday practices Oct 2, Nov 27, Jan 15, Feb 26, Mar 26, and Apr 16 At Cameron Heights 1:00 pm to 4:00 pm
Masters - Duet	TBA	\$900	TBA	\$100	\$100.00	Fri 6:30 pm-8:30 pm @ Cameron Heights

** Fundraising two post-dated cheques to be provided with registration half due January 16, 2011 and balance April 10, 2011 (fundraising opportunities will be available)

***Program fee payments commence September 1st through to May 1st post-dated cheques to be provided with registration

Additional Information:

- To maximize the creative atmosphere and experience of all programs, KW Synchrono Club require participants to:
 - Wear a bathing cap to prevent hair from interfering with vision (FREE with each registration)
 - Wear goggles to prevent irritation of eyes and help with vision under water
 - Wear a nose clip to enjoy under water activities
 - Wear one piece bathing suit

Registration Process:

- 1) Complete all pages of the registration package and return by **Sept. 1, 2010** to:
KW Synchrono
525 Highland Road West, Suite 411, Kitchener, ON N2M 5P4
(This is a mailing address only. To drop off your registration package, go to this address, hand your package to the friendly UPS Store staff and ask that it go into mailbox 411.)
- 2) **NOTE: The Registration fee is non-refundable.**
- 3) On the first day of practice a parent/guardian must arrive with the swimmer to ensure that all registration materials are complete and payment has been received. **All documentation and cheques must be in the hands of the Director of Registration before the swimmer starts practice.** Swimming supplies such as goggles and nose plugs will be available for sale on the first night of practice.
- 4) All programs have a minimum of four (4) spots. Registration is on a first come, first served basis. Classes may be cancelled or combined based on registration.
- 5) Requests for refunds (less the registration fee) must be received in writing within seven (7) days of the start of the program. Approval must be received from the Director of Registration.
- 6) Calendars and details about the club's volunteer needs and fundraising programs will be distributed at the first class.
- 7) Questions about program details or the registration package? Please contact KW Synchrono at 519-620-3846 or kwsynchro@gmail.com.



COMPETITIVE MASTERS

Sessions twice a week (five) hours per week
Plus additional once a month weekend practice

TEAM Practice Schedule:

Mon 7:00-10:00 pm @ Wilfrid Laurier
Tues 6:30-8:30 pm @ Cameron Heights
Additional once a month Saturday practices:
Oct 2, Nov 27, Jan 15, Feb 26, Mar 26, and Apr 16
@Cameron Heights ___ to ___

DUET Practice Schedule:

Fri 6:30-8:30 pm @ Cameron Heights

- Competitive Masters Team**
September ____, 2010 to June ____, 2011
- Competitive Masters Duet**
September ____, 2010 to June ____, 2011

Supplies:

I need to purchase (and will be available first day of program):

- Goggles \$20
 Nose clip \$5

*FREE KWSC swimming cap with each registration



2010 -2011 Registration Form

Swimmer' Name: _____

Date of Birth: (Day / Month / Year) _____

Address _____

Address _____

City _____

Postal Code _____

Parent(s)/Guardian(s) Name *(if swimmer is under 18)* _____

Tel: (Home) _____

(Work) _____

Tel: (Cell - Mom) _____

(Cell - Dad) _____

Email Address: _____

Swimmer lives with: Mother Father Other

Address *(if different than above)* _____

Address _____

City _____

Postal Code _____

Medical Profile: Health Card No. _____

Family Physician: _____

Tel _____

Allergies or Medical Conditions: _____

Required Medication or Emergency Treatment
(e.g. epi-pen, broncho-dilator): _____

Alternative Emergency Contact _____

Tel _____

Alternative Emergency Contact _____

Tel _____

To the best of my knowledge, _____
is physically able to participate in all aspects of the program.

I am responsible for all fees associated with this program. Requests for refunds must be received in writing seven (7) days prior to the start of the program. No refund will be granted after the start of the season without medical reasons or extenuating circumstances. Should my swimmer(s) have to resign from the program after the start of the season, my swimmer(s) and I must discuss our situation with the Coach and Head Coach first. My swimmer(s) and I will submit a letter to the President and the Coach detailing the reasons for the resignation. I understand that approval for any refund must be received from the Board of Directors. Refunds will be prorated for the portion of the season used, and any outstanding balances will be deducted from a refund. This applies to program, travel, fundraising, and volunteer activity fees. I understand that the personal and health information I am providing will be used as outlined in the KW Synchro Club Privacy Policy and Notice of Collection, Use and Disclosure of Personal Information Policy. I acknowledge that I have reviewed these policies. I agree to the release of this information as outlined in the policies. I also understand that the Coaching staff and the Lead Chaperone will keep my information secure. I understand that my information will be shredded when no longer needed by the Club.

Signature of Parent/Guardian _____

Print Name: _____

Date: _____

KW Synchronized Swim Club Privacy Policy

Notice of Collection, Use, and Disclosure of Personal Information

Keeping your personal information private is important to KW Synchro Club. To meet the needs of individuals participating in our programs, KW Synchro Club needs to know personal and personal health information about coaches, participants and their families.

As an employee, contracted coach, athlete, parent/guardian, student or volunteer you have a right to know how and why we collect, use and disclose personal information/health information. You have a right to expect that, to the best of our ability, your personal information held by us remains accurate, confidential and secure.

KW Synchro Club is proud of its longstanding commitment to maintaining the confidentiality and security of personal and health information, and has implemented practices to better protect the privacy of your personal and health information.

KW Synchro Club collects, uses, discloses, and stores facts about participants and their health. These facts are collected to help complete registrations for our teams, or obtain medical assistance in an emergency situation. They include:

- Your name, address, telephone number, and your Ontario Health Card number
- Facts about participants health, health care history and the health care that has been given

We use this information and share it only with those who need to know that information. For example, we might use it:

- To complete registration information for Synchro Ontario
- To complete registration information for various competitions
- To communicate with other Clubs
- To facilitate communication among team members, teams and the Club as a whole
- To seek medical care in an emergency situation
- To assist pool staff in handling an emergency situation
- To contact the individuals participants have listed as Emergency contacts
- To meet legal and regulatory requirements

These are your rights:

- You may see or have access to your personal and health information collected by the KW Synchro Club
- You may ask to correct your personal and health information
- Your personal information is private. Unless sharing it with others is authorized by law, we cannot and will not give out any of your personal information without your consent
- If you would like to know more about how your personal information is collected, used, stored, and disclosed, contact KW Synchro Club's Privacy Officer at 519-620-3846. If you are not satisfied with KW Synchro Club's processes regarding access to your personal information, or about how it is collected, used, stored, or disclosed to others, you may make a complaint to our Privacy Officer.

KW Synchro Club's protection of your personal information is in compliance with federal legislation, *The Personal Information Protection and Electronic Documents Act* which was enacted as of January 1, 2004.

Permission must be obtained before we can print your name, telephone number and/or email address in the KW Synchro Club directory. Please select one of the choices below.

I CONSENT to have my name, telephone number and/or email address printed in the KW Synchro Club directory. The information will only be used for the purposes of contacting me regarding club business

I DO NOT CONSENT to have my name, telephone number and/or email address printed in the KW Synchro Club directory.

Signature: _____ Date: _____



KW Synchronized Swim Club Video Taping and Photography Policy and Standard Release

(To be completed by parent/guardian, or swimmer if aged 18 years or over)

Swimmer's name: _____

Team: _____ Coach: _____
(if known/available) (if known/available)

Name of Parent/Guardian (if swimmer under 18): _____

Video taping or photographing of teams, swimmers or individual swimmers can be conducted at any time by the coach(es) for the sole purposes of training and teaching. Team, swimmer or individual swimmer videos and photos can only be used by the coaches/club for teaching, training, advertising or club promotion.

Video taping or photographing of swimmers and routines is permitted by family members during any 'open' event or competition (not a practice). At a 'closed' event, video taping or photographing is permitted by the coach(es) or club designate only. Any other video taping or photographing of teams, swimmers or individual swimmers by anyone other than coaching staff (or their designate) is permitted only with the consent of the coach/head coach.

All photographs and video tapes will be stored, accessed, removed and destroyed in compliance with KW Synchro Club's Privacy Policy.

PLEASE READ AND SELECT ONE OPTION:

Option 1: I have read and understood the Video Taping and Photography Policy. I consent to comply with the Video Taping and Photography Policy.

I hereby give permission to the Kitchener Waterloo Synchronized Swim Club, and Synchro Ontario, to use the swimmer's photograph, whether still motion or video, and the swimmer's name in any legal manner whatsoever. Possible uses could include newsletters, displays, community television, local newspaper, posting of results, club website, training and teaching. I understand that phone numbers and addresses will not be published.

Option 2: I have read and understood the Video Taping and Photography Policy. I consent to comply with the Video Taping and Photography Policy.

I hereby give permission to the Kitchener Waterloo Synchronized Swim Club, to use the swimmer's photograph, whether still motion or video, for purposes of training and coaching only.

Option 3: I have read and understood the Video Taping and Photography Policy. I consent to comply with the Video Taping and Photography Policy.

I do not wish for the swimmer's photograph or name to be used in any way.

Signature: _____ Date: _____





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

Name of Participant: _____ Age (under 18) _____ CLUB: KW Synchro Swimming 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: _____, 201____ Parent/Guardian signature: _____