



SYNCHRONIZED SWIMMING KIDS IN SYNC PROGRAM

KEELE STREET PUBLIC SCHOOL POOL
99 MOUNTVIEW AVENUE, TORONTO, ONTARIO M6P 2L5

MARCH 23, 2010 THROUGH TO MAY 27, 2010

SWIMMER'S NAME: _____ AGE: ____ YEAR: _____ MONTH: ____ DAY: ____

PARENT NAME(S): _____ PREVIOUS SYNCHRO EXPERIENCE: NO YES # OF YRS: _____

ADDRESS: _____ CITY: _____ PROVINCE: _____ POSTAL CODE: _____

HOME PHONE: () _____

MOTHER EMAIL: _____ CELL: () _____ Wk: () _____

FATHER EMAIL: _____ CELL: () _____ Wk: () _____

**PLEASE ATTACH A CHEQUE PAYABLE TO O.S.S.C. AND MAIL REGISTRATION FORM TO:
OLYMPIUM SYNCHRO CLUB, 590 RATHBURN ROAD, ETOBICOKE ONTARIO M9C 3T3**

SYNCHRO FOR 5-6 YEAR OLDS – 1 HOUR SESSIONS AVAILABLE TUESDAYS AND THURSDAYS

SESSION DATES March 23 to May 27, 2010	<input type="checkbox"/> Tuesday Evening - 1 Hour 10 weeks 6:00 – 7:00 p.m. \$120.00	<input type="checkbox"/> Thursday Evening - 1 Hour 10 weeks 6:00 – 7:00 p.m. \$120.00
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SYNCHRO FOR 7/8/9 YEAR OLDS – 1 HOUR SESSIONS AVAILABLE TUESDAYS AND THURSDAYS

SESSION DATES March 23 to May 27, 2010	<input type="checkbox"/> Tuesday Evening - 1 Hour 10 weeks 6:00 – 7:00 p.m. \$120.00	<input type="checkbox"/> Thursday Evening - 1 Hour 10 weeks 6:00 – 7:00 p.m. \$120.00
	<input type="checkbox"/> Tuesday Evening - 1 Hour 10 weeks 7:00 – 8:00 p.m. \$120.00	<input type="checkbox"/> Thursday Evening - 1 Hour 10 weeks 7:00 – 8:00 p.m. \$120.00

SYNCHRO FOR 10 YEARS AND UP – 1 HOUR SESSIONS AVAILABLE TUESDAYS AND THURSDAYS

SESSION DATES March 23 to May 27, 2010	<input type="checkbox"/> Tuesday Evening - 1 Hour 10 weeks 6:00 – 7:00 p.m. \$120.00	<input type="checkbox"/> Thursday Evening - 1 Hour 10 weeks 6:00 – 7:00 p.m. \$120.00
	<input type="checkbox"/> Tuesday Evening - 1 Hour 10 weeks 7:00 – 8:00 p.m. \$120.00	<input type="checkbox"/> Thursday Evening - 1 Hour 10 weeks 7:00 – 8:00 p.m. \$120.00

Sessions offered if minimum participants register.

Once a class is full a wait list will be started.

Registration will be closed after the third week of the program.

Contact Olympium Synchro Club at 647-393-6776

** Fun Synchro Ontario Recreational Routine Meet scheduled for a Saturday in May, 2010.
Meet entry fees, uniforms, photos etc. will be charged/billed separately if applicable.

EMERGENCY CONTACTS (OTHER THAN PARENT/GUARDIAN NOTED ON REGISTRATION PAGE)

NAME: _____ HOME PHONE: _____

RELATIONSHIP: _____ WORK PHONE: _____

ATHLETE HEALTH CARD NO. _____

(PLEASE ATTACH A COPY OF HEALTH CARD)

FAMILY PHYSICIAN: _____ PHONE: _____

ALLERGIES: FOODS / MEDICINE: _____

ARE THERE ANY MEDICAL OR EMOTIONAL PROBLEMS THAT MIGHT IMPACT ON THE ATHLETE'S ABILITY TO PARTICIPATE IN A STRENUOUS PROGRAM?

I HEREBY AUTHORIZE THE TEAM COACH TO PROVIDE AND/OR OBTAIN ANY EMERGENCY MEDICAL TREATMENT THAT MAY BE NECESSARY ON MY DAUGHTER'S BEHALF. I AGREE TO PAY FOR ANY ADDITIONAL COSTS THAT MAY ARISE FROM THE PROVISION OF SUCH CARE THAT EXCEED THE BENEFITS LISTED BY THE PROVINCIAL HEALTH INSURANCE PLAN.

DATE _____

SIGNATURE OF ATHLETE _____

DATE _____

SIGNATURE OF PARENT/GUARDIAN _____

NAME: _____

PLEASE PRINT

Synchro Swim Ontario requests that each club has their members sign a permission form to allow the use of photos/videos to be used for a variety of purposes and that the form includes permission for Synchro Swim Ontario to also use such materials. This would make the development of newsletters, web articles, display boards, posters, etc. much easier when creating materials and marketing the sport.

For more information on how Synchro Swim Ontario uses photos/videos, refer to our Privacy Policy at www.synchroontario.com.

PHOTOGRAPH AND INFORMATION PERMISSION

Date _____

The undersigned authorizes _____ (OSSC) and Synchro Swim Ontario to permit photographers/videographers employed or designated by _____ (OSSC) 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 _____ (OSSC) or Synchro Swim Ontario.

Signature _____

(Parent or Guardian if under 18 years of age)

Print Name _____

Address _____

Phone _____



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: _____, 200____ Parent/Guardian signature: _____

Olympium Synchronized Swimming Club

Personal Information Protection and Electronics Documents Act Consent Form

In keeping with efforts to remain compliant with the *Personal Information Protection and Electronic Documents Act (PIPEDA)*, and effective immediately, it is the policy of the Olympium Synchronized Swimming Club (OSSC) to limit member use of members' addresses, phone numbers, cell phone numbers, fax numbers, e-mail and mailboxes for distribution of Club related information only.

Both the e-mail listings and the group distribution e-mail folders are for the sole use of distributing pertinent information to the membership and are to be approved for distribution by the Director of Communications or his/her appointees. The use of individual e-mail addresses and mail folders will be limited solely to documents, which are distributed for the purpose of communicating and providing information about:

- OSSC's programs, events and activities
- Hollycrest High Performance and Silverthorn programs
- Official synchro swim governing bodies, such as, but not limited to, Synchro Ontario and Synchro Canada

The policy will apply to the following: day-to-day communications; special announcements; fundraising updates; competition results; the weekly newsletter and one-to-one communication with authorized appointees of the Communications Director regarding matters relating to individual members' standing vis-a-vis volunteer points, and personal accounts; parent(s) to coach (es) communication; and OSSC Board of Directors business.

During OSSC registration periods, the OSSC Board of Directors will collect signatures from all incoming members consenting to the use of their addresses, phone numbers, cell phone numbers, and e-mails for the purpose stated above.

It will be the responsibility of each member to inform the Director of Communications *in writing* regarding any address, e-mail address, and phone number changes and updates.

The Director of Communications or his/her appointees will retain copies of all documents distributed to Club members involving Club activities and business and make every reasonable effort to prevent the unauthorized use of members' addresses, phone-numbers and e-mail address information.

The Synchro Swim Ontario Privacy Policy is posted at www.synchroontario.com under "Privacy Policy". For more information, call Leslie Makins at the Synchro Swim Ontario office.

Yes, I consent to the use of my address, phone numbers, e-mail addresses for the purposes stated above. If additional uses for my private information are found, I will be notified and provide consent prior to their distribution.

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.

Member signature _____ Date _____

No, I do not consent to the use of _____ (please specify)

Member signature _____ Date _____



Please include the following in your registration:

1. Cheque payable to **OSSC** for fees based upon Session(s) chosen
2. Photocopy of athlete's Birth Certificate
3. Photocopy of athlete's OHIP Card
4. Completed Registration Form (1 page)
5. Emergency Contact Information, Medical Waiver and Photograph Permission Form (1 page)
6. Participant's Agreement for MINOR CHILD (1 page)
7. PIPEDA Consent form (1 page)

Please mail your cheques and completed forms for all programs at Keele Street Public School Pool located at 99 Mountview Avenue, Toronto, Ontario M6P 2L5 to:

Olympium Synchronized Swimming Club
590 Rathburn Road
Etobicoke, ON
M9C 3T3
Attention: Lisa Michals

OSSC is a club run by parents, family & friends who volunteer their time to ensure the successful running of the club and positive meet experiences for our athletes. We will ask the parents/families of the evening program to volunteer their time at all recreational meets hosted by OSSC. Routine suits/costumes if required will be decided during the year, and will be discussed with parents. There will be an additional cost.

We also encourage the parents/families to support the club by volunteering and supporting other events run by the club i.e. the Winter Show, Gala and Competitive Meets run by OSSC.

For more information, please call 647-393-6776