

# MARKHAM SYNCHRO CLUB REGISTRATION PACKAGE

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## SUMMER 2018 PROGRAM

Dear Parents & Swimmers,

Markham Synchro Club welcomes you to the Summer 2018 Program!

Thank you for registering for our amazing summer instructional series. We are confident your swimmer will enjoy our program tremendously as they participate in a variety of creative, fun, active and exciting skills while learning a mini synchro routine. The program covers basic skills for beginner swimmers and figure development for those with experience. We hope you will partner with us this summer to provide the most positive experience for you and your athlete.

Tuesday, July 3, 2018 and Thursday August 30, 2018 are free Try Synchro dates so bring a friend!

For insurance purposes, swimmers must have **all** forms completed, signed and returned to the Markham Synchro Club Summer registration representative. When completing registration forms, you will see **several signature requirements** to indicate your understanding of various permissions and waivers – please ensure you sign in all required spaces. Questions prior to registration may be directed to [mksprograms@gmail.com](mailto:mksprograms@gmail.com).

We are looking forward to another fantastic Summer season!

Thank you,

Summer Coaches & Executive  
Markham Synchro Club

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### Registration Checklist – Ensure you return ALL of the following items:

- Markham Synchro Club (MKSC) Registration Form**
  - SIGNED Agreement, Waiver, Consent and Commitment Forms:**
    1. Participant's Agreement For Minor Child (Liability Waiver) & Consent for Emergency Medical Treatment
    2. Photograph and Information Permission & Electronic Communication Permission
  - Payment by CHEQUE ONLY payable to Markham Synchro Club**

<b>ANY 8 Classes - \$175</b>	<b>ALL 16 Classes - \$335</b>
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Class selection is flexible after signup with notification to the coach.
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**Current MKSC Swimmers** from the following sessions:

◆ 2017/8 Provincial ◆ 2017/8 Novice ◆ 2017 Fall Recreational ◆ 2018 Winter or Spring Recreational

only require the MKSC Registration form with name, dates and payment. Single day drop in sessions are \$25

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#### Administration Policy:

To comply with local and Provincial insurance policies, forms are due by the first class and prior to swimmer entering the pool. No exceptions.

#### Payment Policy:

To comply with local and Provincial insurance policies, registration fees are due by the first class and prior to swimmer entering the pool. No exceptions. Note: There is a \$40 cash charge for any NSF cheques.

#### Refund Policy:

Markham Synchro Club is a not-for-profit organization with financial commitments to operating and contractual costs (coaches, pool contracts, etc). There will be no refund after the first week of the program. Only Club fees will be refunded; Association costs are non-refundable (\$35).

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## SUMMER 2018 PROGRAM

### REGISTRATION FORM

Please Print Clearly

Chq #
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<b>Swimmer Name</b>		<b>Date of Birth -</b> Month DD, YYYY	(Ex. JAN 1, 2000)
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**Classes are Centennial Pool on Tuesday and / or Thursday 6:30pm to 8:00pm**  
For selection (circle ALL, Tuesdays, Thursdays or select 8 from below)

ALL TUESDAYS THURSDAYS JULY 5 10 12 17 19 24 26 31 AUGUST 2 7 9 14 16 21 23 28

<b>Parent / Guardian 1 Signature</b>	
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<b>MAIN CONTACT INFO</b>		<b>Parent / Guardian 1</b>	<b>Parent / Guardian 2</b>
	<b>Name</b>		
	<b>Mobile Number</b>		
	<b>eMail</b>		
	<b>Residence Info</b>	<b>STREET:</b> <b>CITY:</b> <span style="float: right;"><b>POSTAL CODE:</b></span> <b>PHONE:</b>	

<b>SWIMMER INFO</b>	<b>Known Allergies</b>		<b>Gender</b>	
	<b>Medication(s)</b>			
	<b>Medical problems/ conditions</b>			
	<b>Concussion History</b>			
	<b>Family Doctor</b>	<b>NAME:</b>	<b>PHONE:</b>	
	<b>Anything else club / coaches should know</b>			

**IN THE EVENT OF AN EMERGENCY, CONTACT (DIFFERENT FROM PARENTS):**

<b>EMERGENCY CONTACT INFO</b>	<b>NAME:</b>			
	<b>RELATIONSHIP TO SWIMMER:</b>			
	<b>STREET:</b>			
	<b>PHONE:</b>	<b>POSTAL CODE:</b>	<b>eMail:</b>	
	<b>MOBILE:</b>			

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### PARTICIPANT'S AGREEMENT FOR MINOR CHILD

TO BE SIGNED BY MINOR PARTICIPANT AND PARENT/GUARDIAN



**PARTICIPANT NAME:** \_\_\_\_\_ **AGE (UNDER 18)** \_\_\_\_\_ **CLUB:** MARKHAM SYNCHRO CLUB

#### **ALL SPORTS, 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 & 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 & FROM COMPETITIVE EVENTS & 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.

#### **SWIMMER: 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**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**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.

\_\_\_\_\_  
**PRINTED NAME OF PARENT OR GUARDIAN**

\_\_\_\_\_  
**SIGNATURE OF PARENT OR GUARDIAN**

\_\_\_\_\_  
**DATE**

**SUMMER 2018 PROGRAM**

**PHOTOGRAPH AND INFORMATION PERMISSION**

The undersigned authorizes **Markham Synchro Club & Synchro Swim Ontario** to permit photographers / videographers employed or designated by **Markham Synchro Club & Synchro Swim Ontario** to take photographs, film and / or video footage of & obtain quotations / information from the undersigned.

Such photographs, film / video footage & recorded comments may be used for educational purposes, publications and / or broadcasts which may include (but are 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 & promotional publications. The undersigned shall be entitled to no compensation as a result of such use from **Markham Synchro Club** or **Synchro Swim Ontario**.

**Print Name of Swimmer:** \_\_\_\_\_

**Print Name of Parent / Guardian:** \_\_\_\_\_

**Signature of Parent / Guardian:** \_\_\_\_\_ **Date** \_\_\_\_\_

**AGREE TO RECEIVE ELECTRONIC COMMUNICATIONS**

The undersigned agree to receive electronic communications from **Synchro Swim Ontario** and member clubs including **Markham Synchro Club**. Electronic communications include newsletters, promotions and program and event information that may contain information of a commercial nature. I understand that if I no longer wish to receive electronic communications from **Synchro Swim Ontario** or **Markham Synchro Club**, I can withdraw my consent at any time using the process set out in the **Synchro Swim Ontario** or **Markham Synchro Club** Privacy Policy.

**Print Name of Swimmer:** \_\_\_\_\_

**Print Name of Parent / Guardian:** \_\_\_\_\_

**Signature of Parent / Guardian:** \_\_\_\_\_ **Date** \_\_\_\_\_

Synchro Swim Ontario requests that each member sign a permission form to allow for electronic communication, and / or photos, and / or videos be used for a variety of purposes.

The form above includes permission for Synchro Swim Ontario to use such materials for the development of newsletters, web articles, display boards, posters, etc. when creating materials and marketing the sport.

For more information on how Synchro Swim Ontario uses electronic communications, photos / videos, refer to their Privacy Policy at [www.synchroontario.com](http://www.synchroontario.com).