



Thunder Bay

Synchronized Swimming Club

Recreational Program Registration

- Program: Tuesday 5-6 p.m. (1 hr.) \$95
 Saturday 11-12 p.m. (1 hr.) \$95

Swimmer's Name	_____ / _____ / _____	Age
Address	() _____	Home Phone
City, Prov., Postal Code	_____	Email Address

Photo/Video Release

I, the undersigned, hereby grant permission to the Thunder Bay Synchronized Swimming Club to video/photograph and/or record my person and/or voice on still or motion picture film, and/or audio tape, and to use the said material in whole or in part, to promote Thunder Bay Synchronized Swimming Club through the media of television, film, radio, website, or in printed and/or display form. I understand that the audio/visual material and the copyright therein will remain the sole property of Thunder Bay Synchronized Swimming Club. I further waive any claim to remuneration for use of audio/visual materials used for these purposes.

Parent/Guardian's signature

Synchro Swim Manitoba Membership

In consideration of my acceptance as a member of Synchro Swim Manitoba, I hereby agree to follow all policies, procedures, rules and regulations set down by Synchro Swim Manitoba
I understand Synchro Swim Manitoba retains personal information about me in their files. I accept the use of my personal information for the purposes described in accordance with Synchro Swim Manitoba's Privacy Policy as posted at www.synchromb.ca.
I agree to the above terms upon my admission as a Synchro Swim Manitoba member.

Parent/Guardian's signature

Recreational Program Refund Policy

It is the hope of the Thunder Bay Synchronized Swimming Club that you enjoy all aspects of the program. If you are dissatisfied and decide to leave the club refunds may be provided as follows:

- After the first class you will receive a refund for the remaining classes less a 10% administrative fee.
- After the second class any refund will be at the sole discretion of the club executive and will be, if provided, prorated from the start date of the program.
- After the fifth class no refunds will be given except for medical reasons – which will require a medical note.



Thunder Bay

Synchronized Swimming Club

Emergency Contact and Medical Information (to be kept at pool)

Child's Name

Date of Birth

Parent's/Guardian's Name

Parent's/Guardian's Name

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Home Phone

Work Phone

Home Phone

Work Phone

Address

Address

City, Prov. Postal Code

City, Prov. Postal Code

Alternative Emergency Contacts

Primary Emergency Contact

Secondary Emergency Contact

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Home Phone

Work Phone

Home Phone

Work Phone

Address

Address

City, Prov. Postal Code

City, Prov. Postal Code

Medical Information

Physician's Name

Phone Number

Health Card Number

Allergies/Special Health Considerations

I, _____, parent/legal guardian of _____, give permission to the officials and coaches of Thunder Bay Synchronized Swimming Club 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 Thunder Bay Synchronized Swimming Club 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 Thunder Bay Synchronized Swimming Club.

Parent's/Guardian's Signature

Date



Thunder Bay

Synchronized Swimming Club

Participation Agreement for Minor Child

to be signed by minor's parent/guardian

Name of Participant: _____

ALL SPORT, INCLUDING SYNCHRONIZED SWIMMING, HAS ITS RISKS

In consideration of my daughter/ward's 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, 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 or other participants;
- Injuries from extended time underwater;
- Injuries from strenuous cardiovascular workouts;
- Injuries from exerting and stretching various muscle groups; and

Furthermore, I am aware:

- That injuries sustained in synchronized swimming can be severe;
- That my daughter/ward may come into close contact with other participants, including the possibility of accidental and unexpected touching;
- That my daughter/ward may experience anxiety while challenging herself during the activities;
- That my daughter/ward's risk of injury is reduced if she follows all rules adopted during training; and
- That my daughter/ward's risk of injury increases as she becomes fatigued.

I am allowing my daughter/ward to participate 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 exposing my daughter/ward to these risks and hazards. ***I agree to accept them and be responsible for any injury or other loss that she might receive while participating in these events, activities and programs.***

If something happens to her, ***I release the organizers of responsibility*** for any claims, demands, actions and costs that might arise out of her participation. In this Agreement I understand "organizers" to mean: Thunder Bay Synchronized Swimming Club, its directors, officers, members, employees, volunteers, officials, participants, clubs, agents, sponsors, owners/operators of the facility, and representatives.

I further acknowledge that I am responsible for my daughter/ward's direct supervision prior to her entering the pool area and immediately following her leaving the pool area.

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 Parent or Guardian

Signature of Parent or Guardian

Date