

ORCA Synchro Club

Dear Parent,

Please read the following conditions of registration and sign below. The registration forms must all be signed and filled out properly before your swimmer can begin participation with club programs. Ensure that all medical information is completed such as Hospitalization #, Doctor's name and phone number as well as all addresses, birthdates (for swimmers and parents) etc are completed. This will make the registration process go much smoother.

I (we) _____ hereby agree to and acknowledge that I will not receive any refunds from the ORCA Synchronized Swimming Club unless the program is cancelled or when I am able to *provide a certificate by a medical doctor* verifying the participant's inability to continue with this program. My refund will be pro-rated by the number of sessions remaining for medical reasons only. All other withdrawals will follow the policies detailed below.

I (we) have read the program requirements/expectations, and the ORCA club code of conduct for parents and swimmers. We agree to follow all the policies and bylaws of the Orca Synchro club. ***I (we) understand that I (we) are responsible for program fees, fundraising (including club fundraisers) and barbecue or equivalent requirements as indicated in the ORCA Program Information Package. If my child withdrawals from ORCA programs for reasons other than medical or extreme circumstances approved by the board all financial requirements (fees, fundraising and barbecue) are due upon withdrawal from the program.***

The club must receive notice by the 15th of the month to stop payment for the end of that month. All notices must be received in writing prior to the dates outlined if your child will be withdrawing from the program. Program fees are prorated based on the date the written notice was received.

All program fees & fundraising/barbecue or equivalent requirements are due if the notice is received after the dates indicated below. Unless alternate arrangements have been made all fundraising/ barbecue and program fees outstanding are due upon withdrawal from the program. Approval of alternate payment arrangements must be approved by the Treasurer and President within 2 weeks of program withdrawal.

September-December:	<i>October 31</i>	(fall & full year programs)
January-May	<i>March 15</i>	(winter sessions only)
September-May	<i>January 15</i>	(full year programs only)

I (we) understand that all cheques written to the club will be cashed on the date indicated unless the treasurer is notified **at least 3 working days prior to the date specified.**

I (we) also understand that if a barbecue shift is cancelled less than 5 days prior to the scheduled barbecue or fail to show up that I will be charged a \$30.00 fee/barbecue. If I am fined for missing 2 barbecue then I will no longer be allowed to raise credits or work off my requirements through barbecue but must choose a different method of payment.

Signature of parent or guardian

Date

Thank-you,
ORCA Synchro Club

ORCA Synchro Club

The Orca Synchro Club's continued success depends on teamwork in all levels in the pool, and throughout the clubs various activities and organizational task. The club has a history of achieving many successes. This is due to our volunteers. Assistance can be in various ways. Please contact Crystal (651-1581) or Adeline (477-2926) for more information. Thank you for your support.

There are many opportunities to be involved in this sport. Please fill out the following form to give us additional information of your interests and special skills.

Parent/Guardian: _____ Parent/Guardian: _____

Previous Experience? (athlete, parent of an athlete, volunteer at local level):

Time Commitment

Do you have a preference?

- Seasonal activity (Watershow, social activities)
- Short-term activities (Advertising, fundraising activities)

Approximately how much time would you be able to give to synchro?

- Per week _____
- Per month _____
- Certain times of the year _____

Do you have a preference as to where you volunteer?

- Wherever most needed
- Specific interest area

Interests/Special Skills

Please check off areas where you have skills, or just an interest to help out. We will provide any support or training you need.

- | | | |
|---|---|--|
| <input type="checkbox"/> Marketing/Increasing Sponsorship | <input type="checkbox"/> Board of Directors | <input type="checkbox"/> Planning of events/programs |
| <input type="checkbox"/> Banquet/Celebration Planning | <input type="checkbox"/> Promotions | <input type="checkbox"/> Administration |
| <input type="checkbox"/> Communications/Media | <input type="checkbox"/> Finance | <input type="checkbox"/> Membership registration |
| <input type="checkbox"/> Officiating/Refereeing | <input type="checkbox"/> Wardrobe | <input type="checkbox"/> Computers/Scoring |
| <input type="checkbox"/> Publishing/Graphics | <input type="checkbox"/> Photography | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Editing of manuals/publications | <input type="checkbox"/> Social Events | |

Any other areas of interest or special skills we've missed: _____

Synchronized swimming could not be as successful or as enjoyable an experience without volunteers. ***Thank you for your interest and support!***

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Swimmer Information

	<i>Swimmer #1</i>	<i>Swimmer #2</i>	<i>Swimmer #3</i>
Swimmer Name:			
Gender:	Female/Male	Female/Male	Female/Male
Age:			
School:			
Grade:			
Synchro & Swim Experience			

Aboriginal Self-Declaration

Please circle one of the following that is most applicable to your Aboriginal ancestry. This information is voluntary and will not be used for any other prohibited preference as per *The Saskatchewan Human Rights Code*. Instead, this information is used only for reporting Aboriginal participation numbers in each category of membership (athletes, coaches, officials, etc.)

Name: _____ <input type="checkbox"/> Status/Treaty <input type="checkbox"/> Non-Status <input type="checkbox"/> Métis <input type="checkbox"/> Inuit	Name: _____ <input type="checkbox"/> Status/Treaty <input type="checkbox"/> Non-Status <input type="checkbox"/> Métis <input type="checkbox"/> Inuit
Name: _____ <input type="checkbox"/> Status/Treaty <input type="checkbox"/> Non-Status <input type="checkbox"/> Métis <input type="checkbox"/> Inuit	Name: _____ <input type="checkbox"/> Status/Treaty <input type="checkbox"/> Non-Status <input type="checkbox"/> Métis <input type="checkbox"/> Inuit

I acknowledge that the sport of synchronized swimming and associated activities have risks and hazards. I agree to accept those risks and hazards and I release the Club and its volunteers, employees, members etc. from any claims whatsoever resulting from any injury or other loss I might receive.

[Signature and printed name of participant]

[parent or guardian]

Date:

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SWIMMER'S NAME: _____ **Birth date:** M__D__Y__ **Age** _____

Address: _____ **Postal Code:** _____ **Phone#:** _____

Email *correspondence from the club and Synchro Sask.:* _____

PARENTS / GUARDIANS:

Name: _____ Please indicate if this is the primary parent. Yes ___ No ___

Address:(if different from above) _____ **Postal Code:** _____

Birth date: M__D__Y__ **Phone#** _____ **Cell#** _____

E-mail Address: _____

Name: _____ Please indicate if this is the primary parent. Yes ___ No ___

Address:(if different from above) _____ **Postal Code:** _____

Birth date: M__D__Y__ **Phone#** _____ **Cell#** _____

E-mail Address: _____

Newsletter Preference

Parent #1: _____ E-mail newsletter

Parent #2: _____ E-mail newsletter

Swimmer Contact Information

Primary residence is with _____

Lives with both Parents

Lives at a different address

Other: _____

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Medical and Travel Form

Personal Information

Swimmer Name: _____ Phone Number: _____

Mother's Name: _____ Father's Name: _____

Do you presently have or have you had any of the following:

	YES	NO		YES	NO
Respiratory ailments	_____	_____	Epilepsy	_____	_____
Serious neck or back problem	_____	_____	Diabetic/hypoglycemia	_____	_____
Problems due to hot or cold weather	_____	_____	Eye injury	_____	_____
Head injury/concussion (within last year)	_____	_____	Frequent headaches	_____	_____

Do you wear: ? glasses ? hearing aid(s) ? contact lenses ? dental appliances?

other _____

Please list any other physical concerns, illnesses, and injuries that may cause concern or difficulties.

Allergies: _____

Any other conditions (chronic or acute) that may be aggravated during your sport activities:

Other Comments: _____

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MEDICAL RELEASE:

Sask. Health Number: _____ Family Doctor's Name: _____

Pertinent Medical Information:

Allergies:

I, _____, (Parent/Guardian) give consent to the Coaching Staff, or their designate, to obtain emergency medical attention for the above swimmer if deemed necessary.

I GIVE CONSENT, in accordance with PIPEDA (Personal Information Protection and Electronic Documents Act), to disclosure of my personal information to my club, Synchro Sask, Synchro Canada, other organizations, clubs, volunteers and programmers who require it to enable continued participation, communication and promotion within the sport.

The undersigned authorizes the Club and Synchro Sask. to permit photographers/videographers employed or designated by the club and Synchro Sask. to take photographs and/or film/video footage of and to obtain quotations and information from the undersigned. Such photographs, film/video coverage and recorded comments may be used for educational purposes, publications and/or broadcasts which may include but not limited to the following: newspapers, radio, annual reports, external newsletters, news release, pamphlets, brochures, websites, flyer's and promotional publications and the undersigned shall be entitled to no compensation as a result of such use from the Club or Synchro Sask.

I DO NOT give my consent for disclosure of my personal information and/or to take photographs of myself for use by the Club or Synchro Sask. *(note: competitive placing will NOT appear on web-site).* **If the person is under 18yrs, this consent must also be signed by a parent, legal guardian, or person having power of attorney.**

Name:(please print) _____

Signature: _____

Please list alternate contacts in the event of an emergency (must be at least one alternate contact):

Contact #1

Contact #2

	<i>Contact #1</i>	<i>Contact #2</i>
Name		
Relationship		
Home		
Work		
Cellular		

ORCA Synchro Club

SWIMMER'S CODE OF CONDUCT

The _____ synchronized swimming club has adopted a Swimmer's code of conduct. **Each swimmer and a parent must sign the code of conduct** to acknowledge receipt of the same and to agree to abide by its terms in order to prevent any misunderstandings.

At all times while at practice, attending a competition or event as an athlete representing (club) _ or Synchro Sask. , I agree to:

1. Treat all coaches, officials, parents, volunteers, and other athletes with respect.
2. Not use abusive or threatening language or gestures towards coaches, officials, parents or other athletes.
3. Not engage in fighting or other physical acts towards coaches, officials, parents or other athletes.
4. Not damage property at the pool, or the personal property of any athlete.
5. Not commit any acts of bullying in any form.
6. Not engage in any unsafe behavior, following all general rules of the swimming pool.
7. Follow all rules and regulations as set out by Synchro Sask. And Synchro Canada.
8. Refrain from un-sportsman-like conduct.

I have read the Swimmer's Code of Conduct. I have reviewed the document with my child. We agree to abide by its terms. Any violation of the code may result in disciplinary action at the coach's discretion, such as, (but not limited to), suspension from practice, removal from future competition, or temporary or permanent dismissal from the team.

Name of swimmer (print) _____ Signature _____

Name of Parent/Guardian (print) _____ Signature _____