



# Garden City Aquatic Club

## 2017-2018 SPRING REGISTRATION!

### A. Swimmer(s) Information

\*Registration opens February 24th; Session Starts week of March 19th!

Name → D.O.B (MM/DD/YY) → M F		Name → D.O.B (MM/DD/YY) → M F		Name → D.O.B (MM/DD/YY) → M F	
Address 1			Address 2 <span style="float: right;">☐ Not Applicable</span>		
City → Postal Code → Home Phone			City → Postal Code → Home Phone		
Mother/Guardian's Name		Father/Guardian's Name			
Mother/Guardian's E-mail		Father/Guardian's E-mail			
Mother/Guardian Cell Phone- Work Phone-		Father/Guardian Cell Phone- Work Phone-		Emergency Contact Name- Phone-	
<b>-Swim Team- COMPETITIVE – September to June – Payments in 3 installments</b> <input type="checkbox"/> <b>D3</b> <input type="checkbox"/> <b>D2</b> <input type="checkbox"/> <b>D1</b> <input type="checkbox"/> <b>Elite</b> <input type="checkbox"/> <b>Senior</b> \$520/\$390/\$390      \$580/\$435/\$435      \$620/\$465/\$465      \$660/\$495/\$495      \$700/\$525/\$525 \$540/\$405/\$405					
<b>One Time Team Affiliation Fee: \$30<sup>00</sup> per swimmer, due at the time of registration!</b> <b>Swim Ontario Memberships: 8&amp;U=\$91.80    9-10=\$111.80    11-14=\$131.80    15&amp;O=\$151.80</b>					
<b>-Non Competitive- FINS – Mon. (10 wks) + Wed. (12 wks)    *NO PRACTICE: 04/02 + 05/21</b> <input type="checkbox"/> <b>Fins</b> → 6 <sup>30</sup> -7 <sup>30</sup> pm → <input type="checkbox"/> <b>Mondays</b> \$125 <sup>00</sup> <input type="checkbox"/> <b>Wednesdays</b> \$145 <sup>00</sup>					
<b>One Time Team Affiliation Fee: \$20<sup>00</sup> per swimmer, due at the time of registration!</b> <b>Non-Competitive Swim Ontario Membership/one-time yearly fee = \$45.90</b>					
<b>-Non Competitive- MEDALS – Mon. (10 wks) + Tues./Wed./ Thurs. (12 wks) + Fri. (8 wks)</b> <b>*NO PRACTICES: Fri. Mar. 30<sup>th</sup>, Mon. Apr. 2<sup>nd</sup>, Fri. Apr. 20<sup>th</sup>, Fri. May 18<sup>th</sup>, Mon. May 21<sup>st</sup></b> <input type="checkbox"/> <b>Medals</b> → 4 <sup>30</sup> -5 <sup>30</sup> pm → <input type="checkbox"/> <b>Mon.</b> \$125 <sup>00</sup> <input type="checkbox"/> <b>Tues.</b> \$145 <sup>00</sup> <input type="checkbox"/> <b>Wed.</b> \$145 <sup>00</sup> <input type="checkbox"/> <b>Thurs.</b> \$145 <sup>00</sup> <input type="checkbox"/> <b>Fri.</b> \$115 <sup>00</sup>					
<b>One Time Team Affiliation Fee: \$20<sup>00</sup> per swimmer, due at the time of registration!</b> <b>Non-Competitive Swim Ontario Membership/one-time yearly fee = \$45.90</b>					
<b>-Fees-</b> <u>Listed Price</u> <u>Less 10%</u> <u>Less 10%</u> <u>Subtotals</u> <u>Sibling Totals w/Discounts</u> <b>Child 1:</b> Item #1~\$_____ + #2~\$_____ + #3~\$_____ = \$_____					
Child 1 subtotal: \$_____ + <b>Swim Ontario Fee &amp; Team Affiliation Fee</b> \$_____ = Total _____					
<b>Child 2:</b> Item #1~\$_____ + #2~\$_____ + #3~\$_____ = \$_____ - 10% _____ = \$_____					
Child 2 subtotal: \$_____ + <b>Swim Ontario Fee &amp; Team Affiliation Fee</b> \$_____ = Total _____					
<b>Your Family Total → _____</b>					
<b>**FOR THE COACHES TO FILL IN**</b>					

### B. Payment of Fees & Charges

In order to make the payment of club fees as smooth, simple and unburdening to parents as possible, the Garden City Aquatic Club will accept four methods of payment: cash, money order / cheque (**payable to 1760076 Ontario Inc.**), or by credit / debit card via the Square or by PayPal™. (GCAC invoices will be sent to you via PayPal™ by request only!) GCAC has elected to offer these methods of payment instead of having a credit card on file. This will keep you actively aware of the status of your swim team account, and every transaction will be at your discretion and approval. When you receive notice of payment confirmation, your transaction will be complete! *Receipts available upon request!*



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### **C. Garden City Aquatic Club -Swimmer CODE OF CONDUCT-**

As with most sports, swimmers are expected to project an image of being proud, mature and responsible athletes. Expectations for proper conduct by our club members are based on reasonable and considerate behaviour. These expectations are described below and all swimmers and their parents must read the code and must acknowledge electronically that they have read and will abide by the policies as part of the registration procedure. Invariably swimmer's behaviour will be monitored by parents, facility staff, volunteers and peers as well as coaches. All concerns regarding swimmer's behaviour should be directed to the coaching staff.

- a. Appropriate behaviour is expected at all times while in the pool, change rooms, dry land training area or anywhere in a facility. This includes behaviour during club activities away from pools, on a travel meet or outside of a facility while waiting for a ride.
- b. Pools and training facilities are public places that are to be respected by all who use them, whether it is a home facility or a host facility; therefore running, horseplay, unnecessary loudness, misuse or damage to property or foul language will not be tolerated.
- c. Swimmers are to show respect for coaches, facility staff, officials, volunteers, parents, peers and others using the facilities.
- d. Verbal, physical or harassment in any form will NOT be tolerated.
- e. Swimmers are not allowed the use of tobacco, alcohol or non-prescribed drugs during practices or at meets.
- f. Breaking the law of the land is not acceptable.
- g. Athletes are to attend practices with the intention of working. Any unnecessary disruption of practices is not acceptable.
- h. Swimmers will adhere to all the rules and policies of a Swim Ontario and Swim Canada.

Any infractions of the above described code will be dealt with by coaching staff in the following disciplinary manner:

- a. Verbal warning.
- b. Removal from practice, meet or function followed by parent involvement.
- c. Temporary suspension from practices and/or meets and notification from the Board.
- d. Permanent removal from the team.

However, the Head Coach, at his/her discretion may move to actions *b, c, or d* above without a verbal warning if in his/her opinion the nature of the infraction is serious enough to warrant such action.

The discipline of a swimmer is a serious matter that is not taken lightly by the coaching staff of GCAC. Recognizing this, the parent of a swimmer may appeal the disciplinary actions of GCAC coaching staff to the Parent Board. A letter of appeal must be sent to the disciplinary board within five days of the issuing of the disciplinary action by the coaching staff. A meeting will be scheduled between the coaching staff, parent and swimmer to discuss the matter. Following the meeting, the Parent Board may choose to: up hold the disciplinary decision, change the disciplinary decision to lesser one, or revoke the disciplinary action. The decision of the Parent Board remains final.

As a representative of the Garden City Aquatic Club, you inherit not only the pride of being associated with a great swimming club; you inherit the responsibility for continuing the strong tradition of athletic achievement. Swimmers of the Garden City Aquatic Club represent themselves, the organization, the sport, and their community when they train and compete at any location, when they travel to and from meets, and at other events where the Club is represented. The Code is in effect from the time of departure until returning home from all GCAC activities.

**I have carefully read the GCAC Code of Conduct, understand it, and agree to abide by it. If I break the Code of Conduct, I may be dismissed from the team (or event), pending a further review by the Swim Ontario Disciplinary Committee.**

\_\_\_\_\_  
Swimmer Name (please print)

\_\_\_\_\_  
Swimmer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name (please print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**ANYONE NOT AGREEING WITH ANY PART OF THE CODE MAY REFUSE TO SIGN THIS AGREEMENT HOWEVER THIS WILL RESULT IN THE SWIMMER NOT BEING ALLOWED TO PARTICIPATE ON THE GARDEN CITY AQUATIC CLUB SWIM TEAM.**



# Garden City Aquatic Club

## 2017-2018 SPRING REGISTRATION!

### **D. PARENTAL ASSUMPTION OF RISK AND INDEMNITY AGREEMENT**

PLEASE READ CAREFULLY!

#### **DESCRIPTION OF RISK**

I am aware that by allowing my child to participate the Garden City Aquatic Club swimming programs, I will be exposing him or her to the following inherent risks, including but not limited to the following:

- all manner of injury from physical exertion and cardiovascular output, including dizziness, shortness of breath, chest discomfort, leg cramps, sprains and/or strains;
- all manner of injury resulting from misuse, non-use and/or failure of any equipment;
- all manner of injury resulting from falls on pool decks or starting blocks especially while entering or exiting the pool area or water; and
- bodily injury, death or spinal injury relating to: a) sudden immersion; and/or b) making contact with the diving board, starting blocks, pool structure, pool deck, bulk head and/or other participants.

\_\_\_\_\_ (Initial here that you have read the above paragraph)

#### **ASSUMPTION OF RISK**

I have explained the risks associated with this Activity to my child and he or she understands the risks. I hereby freely accept and fully assume all such risks, dangers and hazards and the possibility of PERSONAL INJURY, DEATH, PROPERTY DAMAGE OR LOSS arising out of, associated with or relating to my child's participation in the Activity. I agree that if Garden City Aquatic Club, in its sole discretion and on my child's behalf, should secure any medical advice or services as it, in its sole discretion, may deem necessary for my child's health and safety, that I shall be financially responsible for such medical advice or services.

\_\_\_\_\_ (Initial here that you have read the above paragraph)

#### **INDEMNITY**

I agree to INDEMNIFY AND HOLD HARMLESS the Garden City Aquatic Club, parent board, coaches, officers, employees, students, agents, volunteers, and independent contractors from any and all liability for any damage to the property of, or personal injury to, any third party, resulting from my child's participation in the Activity.

\_\_\_\_\_ (Initial here that you have read the above paragraph)

#### **ACKNOWLEDGEMENT**

In entering into this Agreement, I am not relying upon any oral or written representations or statements made by the Garden City Aquatic Club, other than what is set forth in this Agreement.

**NOTE:** By signing this agreement you indicate that you understand the risks associated with this athletic activity of swimming and that you are aware that by allowing your child to participate in the activity of swimming you are exposing him or her to the risks listed above. This agreement gives the Garden City Aquatic Club the authority to secure medical assistance for your child for which you agree to be financially responsible for. In addition, you agree to assume financial responsibility for any damage to third persons or their property caused by your child.

I HAVE READ AND UNDERSTOOD THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM ACCEPTING FINANCIAL RESPONSIBILITY FOR ANY MEDICAL ASSISTANCE GARDEN CITY AQUATIC CLUB MAY DEEM NECESSARY FOR MY CHILD'S HEALTH AND SAFETY AND ALSO FOR ANY DAMAGE TO THIRD PERSONS OR THEIR PROPERTY THAT MY CHILD MAY CAUSE.

\_\_\_\_\_  
Name of Swimmer (please print)

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
Date

\_\_\_\_\_  
WITNESS NAME (print)  
(Non-family Member)

\_\_\_\_\_  
WITNESS SIGNATURE

\_\_\_\_\_  
Date

***This agreement must be completed in full, signed, dated, and witnessed and paragraphs initialled before the child is allowed to participate in any swim team activities as an active Garden City Aquatic Club member.***



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## **2017-2018 SPRING REGISTRATION!**

### **E. Permission to Photograph and/or Video Consent**

Swimmer Name: \_\_\_\_\_

The photography and/or videotaping of swimmers are common practices at swim clubs as part of their athlete development program and club promotion. At certain times during the swim season, Garden City Aquatic Club may undertake to photograph and/or videotape swimmers for instructional purposes and/or for club promotional purposes. These materials may also be included in the GCAC Picasa Web Album. This album is password protected as access is reserved for GCAC members only; the link can be found in the images tab of the GCAC website.

As such, on behalf of my child, I hereby give permission to the Garden City Aquatic Club to take pictures and/or video of my child for instructional or promotional purposes relating to the club, and use this material through media or in a printed or display form. I understand these images may be captured during competitions, swim practices, or other team activities. Any such pictures or video will be taken by the swim team staff, parent volunteers, or by an individual or company contracted and/or approved by Garden City Aquatic Club. I understand that I may revoke my permission at any time by contacting the Garden City Aquatic Club coaching staff.

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### **F. Collection and/or Distribution of Personal Private Information**

Swimmer Name: \_\_\_\_\_

The Personal Information Protection & Electronic Documents Act (PIPEDA), Freedom of Information and Protection of Privacy Act (FIPPA), and the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) regulate, either directly or indirectly, the collection, use and disclosure of personal information

I hereby give permission to Garden City Aquatic Club to enter personal information into the Garden City Aquatic Club, Swim Ontario, and Swim Canada databases for the purposes outlined in respective policies of the Garden City Aquatic Club, Swim Ontario and Swim Canada related to the collection and/or distribution of Personal Private Information. Garden City Aquatic Club policy on the collection and distribution of private personal information is outlined in its club manual and similar policies are available on the Swim Ontario and Swim Canada websites.

By signing below:

- I confirm that I have read and understand these policies
- I understand that I may withdraw consent at any time upon written notice to Garden City Aquatic Club and my personal information will be purged from the database.
- I understand that withdrawal from the collection and/or distribution of personal private information as described above will constitute withdrawal and de-registration from Garden City Aquatic Club.

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



# Garden City Aquatic Club

## 2017-2018 SPRING REGISTRATION!

### G. 2016/17 Health Questionnaire – Please fill this one out for the full year!

Since swimmers will be in the pool consistently during practices and competitions, a medical history should be noted in case of an emergency. All information is strictly confidential and is intended to be of assistance to emergency responders. This form may be completed by a parent and/or guardian in lieu of a physician.

Parent/Guardian: \_\_\_\_\_ Work Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Physician Information

Physician's Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Practice/Office Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Swimmer Information

Name: \_\_\_\_\_ Gender: M F Date of Birth (mm/dd/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Address: \_\_\_\_\_  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Type: \_\_\_\_\_

1. Does your child wear glasses or contacts? \_\_\_\_\_
2. Has your child been diagnosed with diabetes? Yes No  
 If yes, what medication does he/she require? \_\_\_\_\_  
 Will this need to be administered during practice time or at competitions? \_\_\_\_\_  
 If yes, who is the designate responsible for doing so? \_\_\_\_\_
3. Has your child been diagnosed with asthma? Yes No  
 Does your child require use of a puffer or other? \_\_\_\_\_  
 If yes, does your child carry it at all times? \_\_\_\_\_  
 If yes, in case of an emergency, where may this be located? \_\_\_\_\_
4. Does your child have any allergies? Yes No  
 If yes, please specify: \_\_\_\_\_  
 \_\_\_\_\_
5. Has your child ever suffered from any cardiovascular problems? Yes No  
 If yes, please specify: \_\_\_\_\_
6. Has your child ever suffered from seizures of any kind? Yes No  
 If yes, please specify: \_\_\_\_\_
7. Does your child require medication of any kind that may need to be administered during practices or meets? Yes No  
 If yes, who is the designate responsible for doing so? \_\_\_\_\_
8. Please relate any pertinent information the coaching staff should be made aware of:  
 \_\_\_\_\_  
 \_\_\_\_\_

Please note: Club policy states that if your athlete suffers from pain while training or has sustained an injury outside of GCAC-or if the coaching staff reasonably suspects an injury has occurred due to swimmer feedback and modification in performance- your athlete will be temporarily excused from team participation. They may only resume after being cleared by a physician. GCAC requires written confirmation issued by your physician upon their return. Safety first!