



2011/12 Registration Package

(Masters Program)

<http://www.dynamoswimclub.net/>

dynamoswim@gmail.com

(778) 866-6604

CONTACT AND MEDICAL INFORMATION

Family/Last Name:			
Home Phone:	Cell Phone:	E-mail:	
Address:			
Family Doctor:		Phone:	
Emergency Contact:		Home Phone:	Cell Phone:
First Name:	Sex:	Birth Date:	BC MSP Number:

Record of Illness (check all that apply):

- | | | | |
|--|------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Chest Pain | <input type="checkbox"/> Injuries |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Blackouts | <input type="checkbox"/> Surgery | <input type="checkbox"/> Other serious illness |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Headaches | <input type="checkbox"/> Seizures | <input type="checkbox"/> Contact Lenses |

If you checked any of the above, please explain:

Date(s) of last tetanus shot(s): _____

Signature of Swimmer: _____

Date: _____



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STATEMENT OF RELEASE AND CONSENT

I agree to participate in any practices sponsored by DYNAMO SWIM CLUB and that I will abide by the rules of the club and of Swim BC, recognizing the potential for physical injury associated with swimming. I hereby release, discharge, and/or indemnify DYNAMO SWIM CLUB from any claim by or on behalf of the myself as a result of my participation in club practices and/or Swim BC and SNC sanctioned swim meets.

In addition, I give consent for emergency medical care prescribed by a fully licensed doctor or dentist which may be necessary to preserve my life, limb or well-being.

CONSENT FOR PUBLISHED INFORMATION

- I **GIVE** permission for the Dynamo swim team to publish my image on Dynamo's Website
 I **DO NOT GIVE** permission for the Dynamo swim team to publish my image on Dynamo's Website

PERSONAL INFORMATION CONSENT FORM

A Parent or Legal Guardian must sign for those swimmers under the age of 18.

The Federal *Personal Information Protection & Electronic Documents Act* (and equivalent provincial legislation) requires that consent be obtained prior to the collection and use of all personal information.

The personal information you provide to the Club from this registration will be used for the purposes reasonably associated with the swimming activities conducted by the Club. These purposes include national, provincial and event registration, insurance coverage, training and competition participation and competition result publication. Some of the information you provide will be passed on to Swimming/Natation Canada ("SNC") and Swim BC, for purposes including association registration, insurance coverage and:

- ensuring swimmers train and compete in an age appropriate environment;
- establishing athlete eligibility for selection to swim teams;
- establishing pertinent medical records
- reporting non-identifying, demographic and participation statistics to funders, sponsors and other authorized 3rd parties;
- publishing athletes' names, genders, ages, club affiliations on our web page or in results, news releases and ranking reports; and
- making direct contact with swimmers as necessary for the operation of the Club, Swim BC and SNC.

Additional personal information may be collected from time to time. Consent for the use of this personal information may be inferred where its uses are obvious and it has been voluntarily provided.

Complete texts of the Privacy/Personal Information Policies (variously the "Policy" or "Policies") may be found at: for SNC at: www.swimming.ca and for Swim BC at: www.swim.bc.ca/publications/publications.php

Should a swimmer wish to review their personal information held by the Club, Swim BC or SNC they must make a request to the appropriate organization pursuant to that organization's Policy. Further, swimmers may withdraw consent to use their personal information pursuant to the Policies. Such a withdrawal however, may require the cancellation of your membership with and suspension of your activities with the Club, Swim BC and SNC.

All swimmers or their legal guardian must sign a copy of this form.

I hereby consent to the collection and use of personal information as described above.

Signature of Swimmer: _____

Date: _____

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A. Annual Fees

Membership & Communication Fee¹
Swim BC Base Insurance

\$ 40 per family
\$ 32 per swimmer

¹ If a family has participants in multiple programs only the higher fee is paid

B. Two Month Session Fees

Currently Masters practices run Sunday afternoon and Friday afternoon at CG Brown Pool and Monday and Friday evening at Bonsor Pool.

Masters Swim Fee	Cost per Session
One session per week	\$ 185.00
Two sessions per week	\$ 295.00
Three sessions per week	\$ 300.00
Four sessions per week	\$ 380.00
Five sessions per week	\$ 420.00

The number of sessions per week available for Masters swimmers varies throughout the year. Please contact Lidia Menzies to confirm which practice sessions are available.

For private and semi-private (2:1 student/teacher ratio) lessons contact Lidia Menzies at (778) 866-6604.

C. Miscellaneous

- Dynamo Swim Club requires one (1) month written notice for cancellation of membership

Please call Laura Cameron at 604-540-4364 or email camrap@shaw.ca if you have any questions regarding fees.

Signature of Swimmer: _____

Date: _____

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