Recreational Registration Form 2017-2018

Swimmer Name: _____ Birthdate: _____ / _____ / ____
YYYY MM DD

Address: _____ City: _____

Parent/Guardian E-mail (print clearly): _____ Postal Code: _____

Preferred Phone #: _____ Alternate Phone #: _____

Recreational Program Selection (programs and times subject to change following registration):

☐ Recreational - Swim Synchro (Sundays 5:15 - 6:00 p.m.). **Session #2: January 7 – March 11, 2018**

□ **PLEASE CHECK BOX** to authorize KTSC and Synchro Swim Ontario to permit photographers/videographers employed or designated by KTSC and Synchro Swim Ontario to take photographs and/or film/video footage of and to obtain quotations and information from the undersigned. Such photographs, film/video footage and recorded comments may be used for educational purposes, publications and/or broadcasts which may include is but 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 and promotional publications and the undersigned shall be entitled to no compensation as a result of such use from KTSC or Synchro Swim Ontario.

□ **PLEASE CHECK BOX** to agree to receive electronic communications from Synchro Swim Ontario and member clubs including KTSC. 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 KTSC, I can withdraw my consent at any time using the process set out in the Synchro Swim Ontario or KTSC Privacy Policy.

Medical Information

Health Card #: _____ Swimmer Wears MedicAlert: ☐ Yes _____

Known allergies/reactions (specify any medications): _____

Prescription medication(s) in current use:
_____

Other medical problems or conditions which may require attention (or comments): _____

_____

I, the undersigned (legal parent(s)/guardian(s), if under 18), proclaim that _____ is in good health and able to participate in strenuous activity as part of her training in synchronized swimming. I further give permission to seek medical aid and/or assistance in the event of injury or accident.

Date: _____ Signature: _____

Critical Path in Case of Emergency

1. Parent/Guardian Name(s): _____ Relationship to Swimmer: _____

   Preferred Phone #: _____ Alternate Phone #: _____

2. Parent/Guardian Name(s): _____ Relationship to Swimmer: _____

   Preferred Phone #: _____ Alternate Phone #: _____