



Welcome to Waterloo Synchro's 2012/2013 season , featuring a fresh, new slate of programs. Waterloo Synchro is committed to ensuring that children learn fundamental movement skills transferable to all sports, along with a strong foundation of synchro skills. We are confident that our 2012/2013 Novice & Recreational programs meet both of these goals in a fun-filled, supportive environment. See you at the pool!

Registration Process:

1) Complete all pages of the registration package and return by **September 8, 2012** to:

**Waterloo Regional Synchronized Swimming Club
18 Ernst Street
Elmira, ON N3B 1K4**

2) On the first day of practice a parent/guardian must arrive with the swimmer to ensure that all registration materials are complete and payment has been received. **All documentation and cheques must be received** before the swimmer starts practice. Swimming supplies such as goggles and nose plugs will be available for purchase on the first day.

3) All programs have a minimum of six (6) spots. Registration is on a first come, first served basis. Classes may be cancelled or combined based on registration.

4) Requests for refunds must be received in writing within fourteen (14) days of the start of the program.

5) Registration for **ALL** programs closes after the **THIRD** session.

Questions about program details or the registration package? Please contact Waterloo Synchro at 519-669-9900 or via email at waterloosynchro@hotmail.com

Registrations will also be accepted at the pool during the following times

Saturday, September 8th from 10:00 a.m. – 4:00 p.m.

TRY SYNCHRO DAY

September 8th from 10:00-11:00

The Synchro Store will also be open during these hours for,
for goggles, nose clips, bathing caps, bathing suit and uniform ordering.



WRSSC 2012/2013 Recreational & Novice Programs

Swimmers enrolled in Recreational & Novice Programs will participate in the year end Watershow in May.

INTRO TO SYNCHRO FOR 5-10 YEAR OLDS

This program is for swimmers (aged 5 – 9 by Dec. 31, 2012) who are comfortable in water. Basic Synchro skills will be taught as well as stroke improvement. Classes are 45 min/week. Program will run for 6 weeks. Class size is limited.

RECREATIONAL SYNCHRO FOR 5-10 YEAR OLDS

This program is for the younger swimmers (aged 5-9 by Dec. 31, 2012) who are comfortable in water. Basic Synchro skills will be taught as well as stroke improvement. Classes are 1 hour/week. Program will run from September - May. Class size is limited.

RECREATIONAL SYNCHRO FOR 11 YEARS & UP

This program is for the older swimmers (aged 10 and over by Dec. 31, 2012) who are comfortable in deep water. Basic Synchro skills will be taught as well as stroke improvement. Classes are 1 hour/week. Program will run from September - May. Class size is limited.

NOVICE/PRE-COMPETITIVE SYNCHRO 10 YEARS & UNDER

Our Novice program is for swimmers confident in deep water. Swimmers will continue to work on the basics while adding new skills to their repertoire and learning a routine to music. The purpose of this program is to teach the basic skills of synchro while developing their swimming abilities. Novice swimmers are eligible to enter the Novice Figure Meet and the Novice Routine Meet. Classes are 2 hours/week. Program will run from September - May.

NOVICE/PRE-COMPETITIVE SYNCHRO 11 YEARS & OVER

Our Novice program is for swimmers confident in deep water. Swimmers will continue to work on the basics while adding new skills to their repertoire and learning a routine to music. The purpose of this program is to teach the basic skills of synchro while developing their swimming abilities. Novice swimmers are eligible to enter the Novice Figure Meet and the Novice Routine Meet. Classes are 2 hours/week. Program will run from September - May.

Additional Information:

Programs are suitable for participants of any age who have basic swimming competency. To maximize the creative atmosphere and experience of all programs swimmers are required to:

1. Wear a **bathing cap** to prevent hair from interfering with vision
2. Wear **goggles** to prevent irritation of eyes and help with vision under water
3. Wear a **nose clip** to enjoy under water activities

WATERLOO SYNCHRO

PROGRAM	DAY	TIME	SESSION	PROGRAM FEE	REGISTRATION FEE
INTRO TO SYNCHRO 5Yrs-10Yrs	MONDAY SATURDAY	5:45-6:30 9:45-10:30	S1- Sep 17,2012- Oct 22,2012 S2- Oct 29,2012 - Dec 3,2012 S3- Dec 10,2012- Jan 28,2013 (no practice Dec 24 & 31)	\$60.00	\$10.00
RECREATIONAL SYNCHRO 5Yrs-10Yrs	MONDAY TUESDAY THURSDAY SATURDAY	6:30-7:30 5:00-6:00 5:00-6:00 9:30-10:30	Sep 17, 2012-May 6, 2013 Sep 18, 2012-May 7, 2013 Sep 20, 2012-May 9, 2013 Sep 22, 2012 - May 11, 2013	\$450.00 OR 10 X \$45.00	\$50.00
RECREATIONAL SYNCHRO 11 YRS & OVER	MONDAY TUESDAY THURSDAY SATURDAY	7:30-8:30 5:00-6:00 5:00-6:00 10:30-11:30	Sep 17, 2012-May 6, 2013 Sep 18, 2012-May 7, 2013 Sep 20, 2012-May 9, 2013 Sep 22, 2012 - May 11, 2013	\$450.00 OR 10 X \$45.00	\$50.00
NOVICE/PRE- COMPETITIVE 10 YRS & UNDER	MONDAY & SATURDAY	6:30-7:30 9:30-10:30	Sep 17, 2012-May 11, 2013	\$600.00 OR 10 X \$60.00	\$75.00
NOVICE/PRE- COMPETITIVE 10 YRS & UNDER	TUESDAY & THURSDAY	5:00-6:00 5:00-6:00	Sep 18, 2012-May 9, 2013	\$600.00 OR 10 X \$60.00	\$75.00
NOVICE/PRE- COMPETITIVE 11 YRS & OVER	MONDAY & SATURDAY	7:30-8:30 10:30-11:30	Sep 17, 2011-May 11, 2013	\$600.00 OR 10 X \$60.00	\$75.00
NOVICE/PRE- COMPETITIVE 11 YRS & OVER	TUESDAY & THURSDAY	5:00-6:00 5:00-6:00	Sep 18, 2011-May 9, 2013	\$600.00 OR 10 X \$60.00	\$75.00



WATERLOO SYNCHRO RECREATIONAL / NOVICE REGISTRATION FORM 2012/2013

Swimmer's Name: _____ Date of Birth (dd/mm/yyyy): _____

Address: _____

City: _____ Postal Code: _____

Phone No. (home): _____ (work): _____ (cell): _____

Email Address: _____

Parent(s)/Guardian(s) Name: _____

Swimmer lives with: Mother Father Other _____

Swimming Experience: _____

Program Enrolled For: _____ Program Fee: _____

I am responsible for all fees associated with this program. No refund will be granted after the start of the season without medical reasons or extenuating circumstances. Refunds will be prorated for the portion of the season used, and any outstanding balances will be deducted from a refund. NSF cheques are subject to a \$25 charge

Please print name of parent/guardian _____

Signature of parent/guardian _____ Date _____

2012 FALL Registration Checklist

The following information is complete and attached. Registration is not complete until all materials are received.

_____ 2012/2013 Registration Form

_____ Registration Fee

_____ Consent for Emergency Medical Treatment

_____ WRSSC Emergency Treatment Authorization Form

_____ Photograph Permission Form

_____ Synchro Swim Ontario Participant's Agreement for MINOR CHILD

_____ Payment for Program Fee (10 cheques made payable to WRSSC dated the 1st or 15th of the month)
(or 1 cheque made out to WRSSC for the full amount of program)

PHOTOGRAPH AND INFORMATION PERMISSION

Date: _____

The undersigned authorizes Waterloo Regional Synchro and Synchro Swim Ontario to permit photographers/videographers employed or designated by Waterloo Regional Synchro 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 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, flyers and promotional publications and the undersigned shall be entitled to no compensation as a result of such use from Waterloo Regional Synchro or Synchro Swim Ontario.

I further consent to the disclosure

Signature: _____
(Parent or Legal Guardian if under 18 years of age)

Print Name of Athlete: _____

Address: _____

Phone: _____

WRSSC EMERGENCY TREATMENT AUTHORIZATION FORM

In the event of an emergency involving, _____
(Swimmers full name, middle, last) where I cannot be reached at any of the following
numbers, I authorize the coach or the aide to seek medical attention for the
swimmers.

This permission is effective for the swim year from August 31, 2012 to August 31,
2013

while the swimmer is under the supervision of the coach.

Home Address: _____

Home Telephone Number: _____

Mother's Place of Employment: _____

Home Tel. No: _____ Wk Tel. No: _____ Cell No: _____

Father's Place of Employment: _____

Home Tel. No: _____ Wk Tel. No: _____ Cell No: _____

Alternate Emergency – Name/Relation: _____

Phone Number of Emergency Contact: _____

Doctors Name: Dr. _____ Phone No. _____

Swimmers Health Card Number: _____ Birth date: _____

Allergies for Swimmer: () Yes () No. IF YES, PLEASE LIST BELOW (any type)

Does the swimmer have any medical problems which should be known () Yes () No

Please List: _____

List any medications currently being taken: _____

Signature: _____ (parent/legal guardian)

Signature: _____ (swimmer)

**Participant's Agreement for MINOR CHILD
to be signed by minor participant AND parent/guardian**

Name of Participant: _____ Age (under 18) _____

ALL SPORT, INCLUDING SYNCHRONIZED SWIMMING, HAS ITS RISKS

I participate in the sport of synchronized swimming because it is physically and mentally challenging. In consideration of my 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, circus school 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; Injuries from extended time underwater; Injuries from physical contact with other participants including spotters whose role is to enhance safety and learning; Injuries from strenuous cardiovascular workouts; Injuries from exerting and stretching various muscle groups; and Travel to and from competitive events and associated non-competitive events which are an integral part of the organization's activities.

Furthermore, I am aware:

- That injuries sustained in synchronized swimming can be severe;
- That I may come into close contact with other participants, including the possibility of accidental and unexpected touching;
- That I may experience anxiety while challenging myself during the activities;
- That my risk of injury is reduced if I follow all rules adopted during training; and
- That my risk of injury increases as I become fatigued.

I AGREE TO BE RESPONSIBLE FOR MYSELF

I am participating 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 exposed to these risks and hazards. I agree to accept them and be responsible for any injury or other loss which I might receive while participating in these events, activities and programs.

If something happens to me, I release the organizers of responsibility for any claims, demands, actions and costs which might arise out of my participation. In this Agreement I understand "organizers" to mean: Synchro Swim Ontario, its directors, officers, members, employees, volunteers, officials, participants, clubs, agents, sponsors, owners/operators of the facility, and representatives.

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 Participant

Signature of Participant

Printed Name of Parent or Guardian

Signature of Parent or Guardian

Date

CONSENT FOR EMERGENCY MEDICAL TREATMENT
to be signed by the parent/guardian of a minor participant

I, _____, parent/legal guardian of _____, give permission to the officials and coaches of Synchro Swim Ontario 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 Synchro Swim Ontario 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 Synchro SwimOntario.

Dated: _____, 20____

Parent/Guardian signature: _____