

Waterloo Synchro Competitive Package

All programs run out of the Waterloo Synchro Swim Centre located at 18 Ernst St. in Elmira.

The Pool phone number is 519-669-9900.

Any questions about programs contact Leanne McDonnell or Erika Lindner

leanne_mcd@hotmail.com or kelindner@rogers.com

Waterloo Synchro 2017-2018



Dear Swimmers and Parents:

Welcome to the 2017/18 season of Waterloo Regional Synchronized Swim Club. We look forward to another exciting year with new and returning coaches. We have included packages and registration forms for the upcoming season, if you have any questions contact us at 519-669-9900 and your call will be returned as soon as possible.

Registrations will be accepted by mail or drop the registration form in the mailbox at the pool. We will also be having a Try Synchro Day on September 9th from 10:00-11:00am for beginners new to Waterloo Synchro. The Synchro Store will be open Saturday, September 9th from 10:00am - 3:00pm. Registration for Recreational and Novice Programs are also available during these times.

Waterloo Synchro offers both Provincial and National Level Competitive Programs. National Stream Competitive is designed for a high level of Competition and requires total commitment on the part of the athlete.

If you have any question regarding swimmer placement or programming please contact Leanne McDonnell at 519-574-2493 leanne_mcd@hotmail.com. Any administration questions concerning fees and registration please contact Erika Lindner at 519-729-2480 kelindner@rogers.com

We hope you enjoy the rest of your summer and we look forward to seeing you in the Fall !

Sincerely,

Leanne McDonnell

Waterloo Regional Synchronized Swim Club

Erika Lindner

Waterloo Regional Synchronized Swim Club

Provincial Stream Competitive

Provincial Stream Competitive: The foundation of Waterloo Regional Synchro has been in our strong Provincial level teams and it is our commitment to maintain a strong showing at this level. Waterloo Synchro was awarded the Aggregate Trophy at the Ontario Open Age Group Championships earning the distinction of being the Top Club in the province of Ontario for the 2016/2017 season. Provincial programs are open to swimmers who are committed to the sport and will attend all practices; several times per week, depending on their ages. Swimmers compete at various Synchro Ontario competitions and Invitationals throughout the Province and perform at the Christmas and Spring Watershows.

WATERLOO REGIONAL SYNCHRONIZED SWIMMING CLUB

COMPETITIVE FEES AND FUNDRAISING COMMITMENT

Members voluntary contribution of time and skills to the Club are essential to the success of Waterloo Regional Synchronized Swimming Club. **All Fundraising proceeds help keep fees to a minimum and provide quality programs for all athletes.**

PAYMENT OPTIONS

The registration fee is non-refundable: for swimmers in the Provincial Stream the registration fee is \$235.00. For National Stream Swimmers the registration fee is \$385.00. Program cheques can be paid in a lump sum or as 10 or 12 post-dated cheques the 1st or 15th starting with the first cheque dated September 2017. If a swimmer withdraws from a competitive program after October 15th there will be a two month fee penalty. In order for cheques to be returned and withdrawal forms signed families must meet with the Program Co-ordinator.

A Family Rate is available if there are more than 2 swimmers participating in WRSSC competitive programs from the same family. The 2nd (and 3rd) child will receive at 10% reduction of the lower Program Fees.

Bingo Commitment: (MANDATORY) All bingos are run at K-W Gaming Centre in the Krug St. Plaza. The Club works bingos on Sundays from 11:00 – 3:00 p.m. These bingos help pay for the upkeep of our facility. Competitive Swimmers are obligated to work Bingos. If a family decides to 'buy out' their bingo commitment, the cost is \$150.00 for each bingo required and due at registration. Families participating in bingos must submit the required number of cheques (number of bingos) to WRSSC in the amount of \$150.00 each dated February 1, 2018. Every time you work a bingo, a cheque will be returned to you. Bingos run from August 1st -July 31st yearly.

The number of bingos is dependent on the age group of the swimmer:

10 & Under	2 bingos	13-15 Yr	3 bingos	Fina	4 bingos
11-12 Yr	3 bingos	16-20 Yr	3 bingos		

Maintenance Fee

Along with registration fees Waterloo Synchro will be collecting a \$100.00 Yearly Maintenance Fee from each registered Competitive Swimmer. This fee is to cover maintenance costs of the pool and supplies used by swimmers throughout the year.

TO REGISTER

In order to reserve a spot please complete the registration form and submit with the registration cheque to:

**Waterloo Regional Synchro
18 Ernst St.
Elmira, Ontario. N3B 1K4**

On Final Registration (first regular practice) swimmers need to have the following to enter the water:

- Completed Registration Form
- Signed Participant Agreement
- Consent for Medical Emergency Treatment
- WRSSC Emergency Treatment Form
- Photograph Release Form
- Privacy Act
- Competitive Swimmer Declaration
- WRSSC Parent Code of Conduct
- Post dated cheques (10) from Sept – June inclusive **payable to WRSSC**
- \$25.00 equipment cheque made payable to **WRSSC** dated Sept 15/17 (refundable)
- copy of Birth Certificate for swimmers **new** to the Competitive Program
- Maintenance Fee Cheque of \$100.00

Refunds will be made only due to medical and extenuating circumstances.



Waterloo Regional Synchronized Swimming Club 2017/2018 Competitive Registration Form

Swimmer's Name: _____ Date of Birth: _____

Address: _____

City: _____ Postal Code: _____

Phone: (home): _____ (work): _____ (cell): _____

Email Address: _____

Health Card #: _____ Allergies/Medication: _____

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

Address: _____

Swimmer lives with: Mother Father Other _____

Registration received: _____ \$235.00 Provincial Stream _____ \$385.00 National Stream

Program Fees: _____ 1 Cheque _____ 10 or 12 Monthly Post-Dated Cheques

Raffle Deposit: 1 cheque for \$250.00 dated February 1/2018 for Raffle Ticket Sales commitment.
(raffle cheque will be returned once sold tickets are returned to the WRSSC)

Bingos: _____ \$150.00 cheques payable to WRSSC dated Feb 1/2018 for each bingo commitment
(bingo cheques will be returned after all bingo dates are worked)

I WILL NOT BE WORKING MY BINGOS AND HAVE INCLUDED A CHEQUE IN THE AMOUNT OF
_____ TO BE CASHED SEPTEMBER 30, 2017



WATERLOO REGIONAL SYNCHRONIZED SWIMMING CLUB 2017/18 COMPETITIVE PROGRAM

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leanne_mcd@hotmail.com kelindner@rogers.com
waterloosynchro.on.ca**

A **COMMITMENT to the sport** is required of all swimmers and parents joining this program. The purpose of the W.R.S.S.C. Competitive Program is to promote healthy lifestyles, team camaraderie and to motivate each athlete to their full potential.

The first week of Waterloo Regional Competitive Team practices will be a Team Selection Process . A non refundable registration fee of \$235.00 is due before the first practice for returning swimmers.

***** Please come to the appropriate practices based on your age group for this season ****
(Based on your age as of December 31, 2018)**

10 & Under and 12 & Under swimmers will come to the pool:

Saturday, Sept 9 th	1:00 – 3:00
Monday, Sept 11 th	5:30 – 7:30
Wednesday, Sept 13 th	5:30 – 7:30

13-15 Year & 16-20 Year swimmers:

Saturday, Sept 9 th	3:00 – 5:00
Monday, Sept 11 th	7:00 – 9:00
Wednesday, Sept 13 th	7:00 – 9:00

Established Fina 13-15 & Junior swimmers will practice:

Practice times to be announced

Regular Practices will begin on Saturday September 16th. The Synchro Store will also be open on Sept 9th from 10:00-3:00 for all Uniform, Practice Suit & Competition Suit fittings and orders.

The placing of swimmers on Teams is based on skill and technical ability. Waterloo Regional Synchro will make every effort that swimmers are placed on teams that are age and skill appropriate.

DUETS & SOLOS

Waterloo Regional Synchro will try and accommodate as many duets and solos as possible. These duets and solos will be at the discretion of the Coach and will be selected on technical ability, desire, and compatibility. Each participant in a Duet will pay an initial deposit of \$500.00 for Duet and \$675.00 for Solo. Any additional hours and Meet entry fees will be billed to participants. Participants will also be required to cover the cost of the competition bathing suit. Please check with Erika for the coaches hourly duet or solo rate so that families are aware of how much the extra routine will cost.

Provincial Stream: Waterloo Regional Synchro's goal for the Provincial Teams is to keep these athletes involved in a healthy, active and balanced lifestyle, building and maintaining friendships until the end of high school. We will provide excellent coaching to ensure each swimmer's success at reaching their potential. There are many opportunities for Provincial level swimmers, Invitationals, Regionals and Age Group Championships.

Program	Reg Fee Payable Sept 1st	Bathing Suit Payable Oct 1st	Cost of Program	# of Hours	Meet Entry Fees	Monthly Amount x 10 months	Monthly Amount x 12 months
10&Under BLACK	\$235	\$150	\$2560	8	\$150	\$271.00	\$225.83
10&Under PURPLE	\$235	\$150	\$1760	5.5	\$150	\$191.00	\$159.17
	\$235	\$150	\$2560	8	\$150	\$271.00	\$225.83
11-12 Year BLACK	\$235	\$175	\$3200	10	\$150	\$335.00	\$279.17
11-12 Year PURPLE	\$235	\$175	\$3200	10	\$150	\$335.00	\$279.17
13-15 Year PROVINCIAL	\$235	\$175	\$3670	11	\$150	\$367.00	\$305.83
13-15 Fina	\$385	\$200	\$4800	15	\$200	\$500.00	\$416.67
16-20 Year	\$235	\$200	\$4800	15	\$150	\$500.00	\$416.67
Junior Fina	\$385	\$200	\$4800	15	\$200	\$500.00	\$416.67
Combo	\$225	Extra Cost	\$300	2	Extra Cost	N/A	
Duets	N/A	Extra Cost	\$500	Initial Deposit	Extra Cost	N/A	
Solos	N/A	Extra Cost	\$675	Initial Deposit	Extra Cost	N/A	

* Fees for the 2017/2018 season are based on an hourly cost of \$8.00 Provincial \$8.00 National Level

* Registration Fees, Bathing Suit & Travel are not included in the above monthly payment amounts

National Stream: Waterloo's National Program is reserved for a special breed of swimmers that want to dedicate themselves wholeheartedly to a demanding swim and academic schedule in order to reach their highest potential in competitive swimming. A decision to enter the National stream should not be made lightly by the swimmer and their family. There are high expectations in the National Stream that require a special commitment.

All NSF cheques will be charged an additional \$15.00 to cover bank cost.

National Athletes: Swimmers entry fee and coaching costs associated with Team Ontario Trials & Team Canada Trials will be the responsibility of each athlete and are not included in the above fees.

COMPETITIVE TEAM PRACTICE SCHEDULES

All times are TENTATIVE and subject to change upon Team Selection to allow as much music time as possible for the swimmers and Coaches schedules.

AGE GROUP	DAY	TIME	TOTAL HOURS
10&UNDER Black Team	Tuesday Thursday Saturday	4:30-7:00 5:00-7:30 11:00-2:00	8 Hours
10&UNDER Purple Team	Tuesday Thursday Saturday	5:00-7:30 (5:00-7:30) 2:00-6:00	5.5 Hours or 8 Hours
11-12YEAR TEAM Black Team	Monday Wednesday Sunday	5:30-8:30 5:30-8:30 9:00-1:00	10 Hours
11-12YEAR TEAM Purple Team	Monday Wednesday Saturday	6:00-8:30 5:00-8:30 2:00-6:00	10 Hours
13-15 YR TEAM Provincial Level	Tuesday Thursday Sunday	5:30-9:00 5:30-9:00 3:00-7:00	11 Hours
16-20 YEAR TEAM Provincial Level	Monday Wednesday Friday Sunday	5:30-9:00 5:00-9:00 5:00-9:00 1:00-5:00	15 Hours
COMBO TEAM	TBD	TBD	2 Hours
13-15 FINA TEAM NATIONAL LEVEL BLACK TEAM	Monday Wednesday Friday Sunday	5:00-8:30 5:00-8:30 5:00-9:00 12:00-4:00	15 Hours
JUNIOR TEAM NATIONAL LEVEL	Monday Wednesday Friday Sunday	5:30-9:00 5:00-8:30 5:00-9:00 1:00-5:00	15 Hours

We will make every effort to maintain the practice days in the schedule. Practice times may change to accommodate school schedules and pool capacity. Final times will be set in September and will depend on the number of teams in each age group

***All 13-15 Fina, Junior and 16-20 swimmers must be available to attend the Competitive Camp August 21st-25th and the Choreography Camp Aug 28th-Aug 31st. Cost of this will be \$250.00 and \$200.00 per swimmer respectively**

WRSSC PARENT CODE OF CONDUCT

The essential elements of character-building and ethics in sports are embodied in the concept of sportsmanship and six core principles: trustworthiness, respect, responsibility, fairness, caring, and good citizenship. The highest potential of sports is achieved when competition reflects these "six pillars of character."

I therefore agree:

1. I will not force my child to participate in sports.
2. I will remember that children participate to have fun and that the sport is for youth, not adults.
3. I will inform the coach of any physical disability or ailment that may affect the safety of my child or the safety of others.
4. I will learn the rules of the sport and the policies of the organization.
5. I (and my guests) will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all swimmers, coaches, officials and spectators at every meet, practice or other swimming event.
6. I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, swimmer, or parent such as badmouthing of officials, coaches, swimmers or parents, questioning of officials marks or using profane language or gestures.
7. I will not encourage any behaviors or practices that would endanger the health and wellbeing of the athletes.
8. I will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence.
9. I will demand that my child treat other swimmers, coaches, officials and spectators with respect regardless of race, creed, color, sex or ability.
10. I will teach my child that doing one's best is more important than winning, so that my child will never feel defeated by the outcome of a competition or her performance.
11. I will praise my child for competing fairly and trying hard, and make my child feel like a winner every time.
12. I will never ridicule or yell at my child or other participant for making a mistake or losing a competition.
13. I will emphasize skill development and practices and how they benefit my child over winning. I will also deemphasize competitions in the lower age groups.
14. I will promote the emotional and physical well-being of the athletes ahead of any personal desire I may have for my child to win.
15. I will respect the officials and their authority during competitions and will never question, discuss, or confront coaches at the pool, and will take time to speak with coaches at an agreed upon time and place.
16. I will refrain from coaching my child or other swimmers during competitions and practices, unless I am one of the official coaches of the team.

I also agree that if I fail to abide by the aforementioned rules and guidelines, I will be subject to disciplinary action that could include, but is not limited to the following:

Verbal warning by official, head coach, and/or head of organization

Written warning

Parental meet suspension with written documentation of incident kept on file by organizations involved

Swimmer withdrawal through the official or coach

Parental season suspension

Parent/Guardian Signature _____

COMPETITIVE SWIMMER DECLARATION

I _____ as a Competitive swimmer with the Waterloo Regional Synchronized Swimming Club agree to attend all scheduled Meets and practices, prepared to work for the betterment of myself and my Team. I agree to cooperate with my Coach and respect her and my teammates. In addition, I will adhere to the Athletes Code of Conduct and will represent Waterloo Regional Synchro with pride and respect showing Good Sportsmanship at all times.

Signature of Swimmer

Date

Signature of Parent/Legal Guardian

Date

PRIVACY ACT

I _____ parent/guardian of _____ give my permission to share any information related to Synchronized swimming with Synchro Swim Ontario and Synchro Canada.

Signature Parent/Legal Guardian

Date

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, 2017 to August 31, 2018 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)

Print swimmer's name: _____ Date: _____

**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: _____

