

PacificSport Synchro Victoria and Region



Recreational:	Competitive:	Area Code (250) or _____
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ATHLETE INFORMATION

Athlete Name:	Home Phone:	Cell:
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Date of Birth:	(New competitive registrants must supply a photo copy of their Birth Certificate)	
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Home Address:	City:	Postal Code
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Email:

Mother's Name:	Work Phone:	Cell:
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Email:	Occupation:	
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Father's Name:	Work Phone:	Cell:
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Email:	Occupation:	
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Emergency Contact:	Phone Number:	Cell:
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MEDICAL HISTORY

BC Care Card #:	Doctor:	Phone
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Are you taking any medications?	If yes - explain:
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Allergies: Drug <input type="checkbox"/> Food <input type="checkbox"/> Other <input type="checkbox"/> (Explain reaction & treatment on reverse)

Medical Conditions (please include past serious illness or injuries):

(please use reverse if needed)

SWIM HISTORY

Last Swim Level Achieved:	Synchro Star Level Achieved:
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How did you hear about PSSV? _____

PHOTO RELEASE
PHOTOGRAPHS, ETC.;

In the course of this activity, pictures may be taken and recordings may be made. Please advise us if you are willingness to have your child's/ward's photograph or voice used for the promotion of Synchro, as indicated below:

I, on behalf and on behalf of my child/ward, give permission to PacificSport Synchro Victoria to photograph and/or record my child/ward and or my child's/ward's voice on still photographs, motion picture film, audio tape and/or video tape and to use this material in whole or in part, through the media of television, film, Internet, multi-media presentation, radio, audiotape, videotape or in printed form or displayed form for the promotion of Synchronized Swimming. I, on behalf and on behalf of my child/ward assign and transfer to PacificSport Synchro Victoria any and all rights, including copyright, which I may have or my child/ward may have in this material.

I give my permission as set out above: _____	Date: _____
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I do not give permission: _____	Date: _____
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PARENT/GUARDIAN AGREEMENT AND WAIVER

I am the swimmer's parent or legal guardian. I certify to PacificSport Synchro Victoria (the "CLUB") that all of the information provided above is true and complete and, if this application is accepted by the CLUB:

1. I PROMISE TO OBSERVE the rules and regulations of the club and ensure the swimmer does the same.
2. I AGREE WITH THE CLUB TO PAY the swimmers' club fees, CASSA fees, fundraising assessments and, all other costs of the swimmers participation including (but not necessarily limited to) travel costs, meet fees, wardrobe and equipment costs.
3. I ACKNOWLEDGE that the swimmer will not be allowed to compete unless all club fees and assessments are paid in full at least 2 weeks prior to every competition.
4. I HEREBY GIVE PERMISSION AND AUTHORIZATION to PacificSport Synchro Victoria, Its administrators, coaches and/or designated chaperon(s) to provide general supervision and authorization for any medical treatment they deem necessary and/or resonable while the swimmer is competing outside the Greater Victoria area of the province of British Columbia.
5. I AND THE SWIMMER HEREBY RELEASE THE CLUB from any claim that I or the swimmer may have, against the club, as a result of any injury (including death) to myself or the swimmer, or the loss or damage to our property whether or not caused by the negligence of the club.

I HAVE SIGNED AND SUBMIT THIS APPLICATION FOR MYSELF AND THE SWIMMER THIS _____ DAY OF _____ YEAR _____

Print Name _____ Signature _____