



Nanaimo Diamonds Synchronized Swim Club

Participant Registration / Waiver

(Please print)

Program Level/Activity: _____ New swimmer Y / N

Name: _____ Age: _____ D.O.B. _____

Name of parent(s): _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone (home): _____ (cell): _____

Email: _____ Alt. email: _____

Emergency contact: _____ Phone: _____

Waiver:

By signing this waiver, I understand that certain risks are inherent in the activities and travel related to such activities in which my daughter / son will participate and fully accept those risks. These risks include, but are not limited to, injury, disease or other threat of physical harm to myself and others and damage to or theft of personal property. I understand that there may be a great variety of other risks not known or reasonably foreseeable. I acknowledge that the Nanaimo Diamonds Synchronized Swim Club is not responsible for any harm that might occur.

I fully release and discharge the Nanaimo Diamonds Synchronized Swim Club and its coaches, executives, and all others associated with the Club from all liability in connection with my participation in this activity.

Signature: _____

Date: _____

Contact Permission:

There are occasions when our club, Nanaimo Diamonds, would like to have contact with parents to consult with them directly about the upcoming season, club meets, clinics, meetings, fundraising events or to plan club related activities (water shows). The club will normally make your name, home address, phone number, email address, as well as the child's name available on the contact list sent out to the club, your swimmer's coach, or a committee appointed by the club. Your personal information will not be disclosed to anyone for business or commercial purposes.

Please select the statement below to indicate your wishes:

- ☐ Yes, I permit the release of my personal information for purposes consistent with the above.
- ☐ No, I do not permit the release of my personal information for purposes consistent with the above.

Membership Fees

☐ I have read the registration package and understand that fees will be withdrawn from my bank account, as indicated in the Membership Fee section in the registration package.

☐ Automated withdraw form completed, signed and handed in with void cheque – *Executive Initial* _____

Web site Permission:

It is a tradition in the club to allow coaches, parents, other swimmers and occasionally the media to photograph individual swimmers and groups of swimmers to commemorate events, to promote our club and the sport. These photos may now be added to our website.

Please select the statement below to indicate your wishes:

- ☐ Yes, I permit the release of photos of my daughter for purposes consistent with the above.
- ☐ No, I do not permit the release of photos of my daughter for purposes consistent with the above.

Signature: _____

Date: _____