

1. Swimmer Information ✓

Application Type: **New Swimmer** **Returning BC#** _____ **Transfer from Club:** _____

First Name: _____ Surname: _____

Gender: **Female** **Male** Birthdate: Year _____ Month _____ Day _____ Citizenship: _____

Language: **English** **French** Category: **8&U** **9 &10** **11-14** **15&O**

Aboriginal Ancestry (optional): **No** **Yes:** Status/Treaty Non-Status Metis/Inuit

Para-Swimmer: **No** **Unsure** **Yes:** Physical/Locomotor / Visual Impairment/Blindness / Intellectual(S/SB/SM): _____

Swimming Group (circle): **White1 White2 Blue1 Blue2 Red1 Red2 Green Black Elite YNG**

Swimmer's email: _____

Swimmer's address same as: **Mother** **Father** **Both** **Guardian 1** **Guardian 2** **Other**

2. Parent/Guardian Information ✓

<input type="checkbox"/> Mother <input type="checkbox"/> Guardian1 <input type="checkbox"/> Other - Swimmer Local First Name: _____ Surname: _____ Address: _____ _____ City: _____, BC, Postal Code: _____ Home Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____ email: _____ Occupation: _____	<input type="checkbox"/> Father <input type="checkbox"/> Guardian2 <input type="checkbox"/> Parents Foreign First Name: _____ Surname: _____ Address: [<input type="checkbox"/> Same as left] _____ _____ City: _____, BC, Postal Code: _____ Home Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____ email: _____ Occupation: _____
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3. Membership Application ✓

Waiver: In consideration of our abovenamed child being accepted as a member of the Canadian Dolphin Swim Club, we consent to his/her participation in any and all of the Club activities and assume all risks of injury to our child arising therefrom. We agree that there shall be no liability on the part of the coaches, the Club, the volunteers and employees of the Club, and we hereby release the Club, its coaches, volunteers and employees from any claims we may have in connection with any such injury.

Fees and Payments: The fees set out below are seasonal fees and are broken down into monthly payments only for the convenience of the members. Swimmers will not be allowed to train or attend meets if accounts are more than 14 days in arrears. A swimmer's meet entry fee must account must have a positive balance before a swimmer is entered in a meet. If workouts are cancelled or the workout schedule changed, there will be no reimbursement of fees. The fees continue to be payable over holiday periods and other time off. Notice of withdrawal must be given by the first of the month prior to the month swimming ceases. **If withdrawing after May 1st, training fees are payable to the end of the season.** Fundraising and volunteer levy payments are not refundable upon withdrawal, and do not carry forward to the next season.

Use of Images: We hereby give permission for our child's photograph to be taken and used in any promotional piece, including brochures, posters, newsletters, advertisements, or presentations, for the purpose of promoting the programs of and/or fundraising for the Club; for use as a teaching aid for my child; for coach education purposes

We hereby apply for membership in the Club for our child and agree to the terms of the waiver, fees and payment policies, fundraising requirements and volunteer commitments, and use of images.

Parent/Guardian: _____

Signature: _____ Date: _____

Club Transfers – Your account must be in good standing with your previous club.

4. Parent Consent ✓

I hereby request and consent that my child _____ (name in full)

participate in Swimming/Natation Canada and be registered with the Canadian Dolphin Swim Club. Should my child be swimming or traveling with the CDSC team in my absence, I hereby release the club and those coaches and parents supervising my child of any liability in the event of accident or mishap.

On a club trip, in my absence I give permission for the coach/chaperone to administer medication if required (e.g Tylenol, cough syrup, antihistamine): Yes _____ No _____ (please initial)

In the event of an emergency, I give permission for the coach/chaperone to seek medical treatment for or to admit my child to hospital: Yes _____ No _____ (please initial)

Name (printed): _____

Signed : _____ Date: _____

Witness: _____ Date: _____

5. Code of Conduct ✓

This code outlines the expectations regarding, and discipline resulting from, inappropriate behavior of members of the Canadian Dolphin Swim Club on tour, at training, at meets, and during any club functions. It is stated in response to the requirement for SNC to clearly identify the penalties or sanctions that will be imposed if required. This code must fulfill two basic requirements: 1) the direction must be clearly communicated to all team members and 2) the penalties must fit the degree of inappropriate behavior.

As appropriate, all swimmers are required to:

1. Prepare to do your best performance – prepare physically, and mentally, shave for the meet when required.
2. Maintain high standards of behaviour, politeness and sportsmanship at all times.
3. Obey curfews and schedules, and punctually attend all team meetings.
4. Keep all team areas, including sleeping areas, neat, clean, and orderly.
5. Abide by the standard that: Use of alcoholic beverages is PROHIBITED.
6. Abide by the standard that: Use of drugs banned or restricted by the IOC, FINA, SNC or any Act of Parliament is PROHIBITED.
7. Acknowledge that injury or illness, which in the opinion of the Coach or the Team Physician, may compromise one's ability to perform to one's best, may result in one's removal from the team.
8. Inappropriate behaviour includes, but is not limited to:
 - Curfew violations
 - Unsportsmanlike conduct
 - Public misconduct
 - Use of alcohol and/or drugs (as defined in 6 above)
 - Possession of alcohol and/or drugs.
 - Sexual activity.

Any contravention of the above will be dealt with in accordance with the CDSC disciplinary and review policies established and published from time to time and may result in any or all the of the following:

- | | |
|---|---|
| a. Verbal warning | e. Removal from team and being sent home, bearing any extra cost that may arise. |
| b. Written warning | f. Suspension of all or any portion of SNC, Swim BC, and/or CDSC funding |
| c. Loss of privileges, confined to dorm/room | g. Suspension from designated SNC, Swim BC, and/or CDSC teams and/or competitions |
| d. Suspension from current or future competition or training. | |

By signing below, I acknowledge that I have read and agree to abide by the above conditions:

Name: _____ Signature: _____ Date: _____

Parent: _____ Signature: _____ Date: _____
(if minor)

6. Medical Information ✓

BC-MSP #: _____

Emergency Contact- Primary:: Name: _____ Relationship: _____ Home Phone: _____ Work Phone:: _____ Cell Phone: _____	Emergency Contact- Alternate:: Name: _____ Relationship: _____ Home Phone: _____ Work Phone:: _____ Cell Phone: _____
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Doctor Information:
Name: _____
Address: _____
Phone: _____

Allergies/known Medical Conditions: **None** **Details Below:**

Medications:



PERSONAL INFORMATION CONSENT FORM

Club Name: **Canadian Dolphin Swim Club**

Swimmer Name: _____ Swim BC Registration Number: _____

Please Read Carefully, Complete and Sign this form.

A Parent or Legal Guardian must sign for those swimmers under the age of 18.

The federal *Personal Information Protection & Electronic Documents Act* (and equivalent provincial legislation) requires that consent be obtained prior to the collection and use of all personal information.

The personal information you provide to the Club from this registration will be used for the purposes reasonably associated with the swimming activities conducted by the Club. These purposes include national, provincial and event registration, insurance coverage, training and competition participation and competition result publication. Some of the information you provide will be passed on to Swimming/Natation Canada ("SNC") and Swim BC, for purposes including association registration, insurance coverage and:

- a) ensuring swimmers train and compete in an age appropriate environment;
- b) establishing athlete eligibility for selection to swim teams;
- c) establishing pertinent medical records;
- d) reporting non-identifying, demographic and participation statistics to funders, sponsors and other authorized 3rd parties;
- e) publishing athletes' names, genders, ages, club affiliations on our web page or in results, news releases and ranking reports; and
- f) making direct contact with swimmers as necessary for the operation of the Club, Swim BC and SNC.

Additional personal information may be collected from time to time. Consent for the use of this personal information may be inferred where its uses are obvious and it has been voluntarily provided. When not obvious, the purposes for collection will be provided prior to, or at the time of collection; either orally or in writing.

Complete texts of the Privacy/Personal Information Policies (variously the "Policy" or "Policies") may be found at: for SNC at: www.swimming.ca and for Swim BC at: www.swim.bc.ca/publications/publications.php

Should a swimmer wish to review their personal information held by either the Club, Swim BC or SNC they must make a request to the appropriate organization pursuant to that organization's Policy. Further, swimmers may withdraw consent to use their personal information pursuant to the Policies. Such a withdrawal however, may require the cancellation of your membership with and suspension of your activities with the Club, Swim BC and SNC.

All swimmers or their legal guardian must sign a copy of this form.

I hereby consent to the collection and use of personal information as described above.

X

Signature of Swimmer (18 or older)
or Parent / Guardian

Date

For more information, you may contact:
Swim BC
Quest University Canada
3200 University Blvd. Squamish, BC. V8B 0N8
P: 604 898-9100 F: 604 898-9200
email: shelaghtompson@swimbc.ca

7. Parent Participation - Signup ✓

All parents are required to participate in the clubs volunteer program. A volunteer fee is assessed to each family and credit points are earned through volunteer duties. The annual fee is divided into two equal parts with evaluations in January and June. Families that do not meet the required volunteer quotas will have to pay the fees. It is the responsibility of the parents to track and submit their volunteer hours to the Parent Participation Coordinator.

Please indicate below the positions which you are interested in performing:

Volunteer Positions:

GENERAL	LMR club Rep	Parent participation coordinator
	General Office Help VAC	Communications – Newsletter, recruitment, publicity
	Fund Raising – Gift certs, swim-a-thon, etc	Social/Events Coordinator (year end bbq, pancake breakfasts, etc)
	Billeting Coordinator	Club officials coordinator
	Group reps (1/group)	Equipment Manager
	Treasurer	Bookkeeper
	Registrar	President/Vice President
	Secretary	Fund Raising Coordinator

MEETS	<input type="checkbox"/> Hospitality
	<input type="checkbox"/> Meet Manager / Asst Meet Manager
	<input type="checkbox"/> Officials Chairperson
	<input type="checkbox"/> Timers Coordinator
	<input type="checkbox"/> Event Sponsorship Coordinator
	<input type="checkbox"/> Promotional Manager
	<input type="checkbox"/> Billeting
	<input type="checkbox"/> Meet Secretary
	<input type="checkbox"/> _____
	<input type="checkbox"/> _____

Officials : Clinic dates will be announced for those who are new to positions.

Position	Name / Swim BC Level	Phone/Cell
Timer		
Chief Timer		
Stroke and Turn Judge		
Meet Manager		
Clerk of the course		
Starter		
Chief Judge - Electronics		
Referee		

8. Fee Schedule ✓

SWIM BC Fees:

Category	Annual Fee
8 & Under	\$ 69
9 & 10	89
11 - 14	135
15 & Over	177

CDSC Training Fees:

Group	1 st swimmer in family (highest group)		2 nd & subsequent swimmer in family	
	Annual Payment	Equal Payments Option	Annual Payment	Equal Payments Option
White 1/2 *	\$ 540	\$ 60	\$ 486	\$ 54
Blue 1	900	90	810	81
Blue 2	1,100	110	990	99
Red 1	1,300	130	1,170	117
Red 2	1,900	190	1,710	171
Green	1,500	150	1,350	135
Black **	2,200	200	1,980	180
Elite **	2,420	220	2,178	198
YNG **	2,640	240	2,376	216

* 9 Equal Payments

** 11 Equal Payments

Others - 10 Equal payments

The following deposits may be paid by 1 full payment or 2 equal cheques post dated on dates shown:

White 1/2	Blue 1	Blue 2	Red 1	Red 2	Green	Black	Elite	YNG
Meet Entry Deposits (Oct 1st 2010, Jan 1st 2011)								
90 2 x 45	100 2 x 50	100 2 x 50	300 2 x 150	500 2 x 250	400 2 x 200	400 2 x 200	600 2 x 300	600 2 x 300
Fundraising Minimum Requirement Deposit (Jan 31st 2011, Jun 30th 2011)								
90 2 x 45	90 2 x 45	110 2 x 55	150 2 x 75	280 2 x 140	220 2 x 110	300 2 x 150	400 2 x 200	450 2 x 225
Fundraising Minimum Requirement Deposit for 2nd and subsequent swimmers in family								
45 2 x 22.50	45 2 x 22.50	55 2 x 27.50	75 2 x 37.50	140 2 x 70	110 2 x 55	150 2 x 75	200 2 x 100	225 2 x 112.50
Parent Participation Deposit (Jan 31st 2011, Jun 30th 2011)								
90 2 x 45	120 2 x 60	200 2 x 100	240 2 x 120	300 2 x 150	300 2 x 150	360 2 x 180	400 2 x 200	450 2 x 225

9. Fee Payment

Complete using fees shown for the swimmer's group in the fee schedule. If multiple swimmers in a family, first swimmer should be the one in the highest group. Second and subsequent swimmers in family qualify for fee discount.

Swimmer Name	Swimmer # In family				CDSC Group
	1	2	3	4	

Base Fees:

CDSC Membership Fee		\$ 60.00	
		\$	
CDSC Team Wear		\$ 30.00	
SWIM BC Fee Indicate Provincial Group: 8&Under 9&10 11-14 15&Over		\$ _____	
Training Fee**: Select one of: Annual Equal Payment	Enter Annual Fee or First Payment of Equal Payment Plan.	\$ _____	For Equal Payment Plan, must complete Payment Schedule on next page.
Amount Due:		\$ _____	Chq# _____

Following deposits are based on CDSC group – See fee schedule for amounts.
If paying full amount, date one cheque for total amount on first date.
If paying 2 equal payments, date two cheques for equal amounts on dates shown.

Meet Deposits (per swimmer)	Cheque Amt	\$ _____
<input type="checkbox"/> Full payment	Post Dated for 2011-10-01	Chq# _____
	Post Dated for 2012-01-01	Chq# _____
Fund Raising Deposits (per swimmer)	Cheque Amt	\$ _____
<input type="checkbox"/> Full payment	Post Dated for 2012-01-31	Chq# _____
	Post Dated for 2012-06-30	Chq# _____
PPP Parent Participation Deposits (per family)	Cheque Amt	_____
<input type="checkbox"/> Full payment	Post Dated for 2012-01-31	Chq# _____
	Post Dated for 2012-06-30	Chq# _____

A Service Charge of \$25.00 will be charged for NSF cheques.

10. Equal Payment Schedule

Post Dated Cheques for Equal Payment Plan (Training Fees)

Swimmer : _____		
	Group: _____	Equal Payment Amount: \$ _____
Payment #	Date of Cheque	Cheque Number
2	2011 – 10 – 01	
3	2011 – 11 – 01	
4 *	2011 – 12 – 01	
5	2012 – 01 – 01	
6	2012 – 02 – 01	
7	2012 – 03 – 01	
8	2012 – 04 – 01	
9	2012 – 05 – 01	
10	2012 – 06 – 01	
11 **	2012 – 07 – 01	

* No December payment for White group

** For Black, Elite and YNG groups only

Service Charge of \$25.00 on NSF cheques.