Box 20077
1395 Lawrence Ave. West
Toronto ON, M6L 1A4

Phone: 647-223- SWIM (7946)
Email: yorkswimclub@gmail.com
Web site: www.yorkswimclub.ca

COMPETITIVE CLASSIFICATION:

☐ **Senior** ☐ **Junior** ☐ **Age Grp 1 (6x)** ☐ **Age Grp 2 (5x)** ☐ **Novice (YMCI)** ☐ **Novice (Swansea)**

_____ _____ _____/_____/_____

Swimmer's Last Name **Swimmer's First Name** **Date of Birth: Month / Day / Year**

Gender: ☐ Male ☐ Female

Swimmer's e-mail _____

Are you a swimmer with a disability? ☐ Yes ☐ No Are you of aboriginal decent? ☐ Yes ☐ No

Doctor's Name: _____ Phone No: _____ OHIP#: _____

Does your swimmer have any medical conditions? ☐ Yes ☐ No

If yes, please specify: _____

Does your swimmer take any medication? ☐ Yes ☐ No

If yes, please specify: _____

Do you give consent for your child to undergo medical treatment as suggested by a doctor or take any medicine prescribed by a doctor? ☐ Yes ☐ No

If no, please specify action to be taken by coach or chaperone: _____

Parent/Guardian Name (1): _____ Relationship: ☐ Mother ☐ Father ☐_____

Home Address: _____ Postal Code: _____

Home Phone: _____ Business Phone: _____ Cell: _____

Occupation: _____ e-mail address: _____

Parent/Guardian Name (2): _____ Relationship: ☐ Mother ☐ Father ☐_____

Home Address: _____ Postal Code: _____

Home Phone: _____ Business Phone: _____ Cell: _____

Occupation: _____ e-mail address: _____

Additional Emergency Contact Name (optional): _____

Home Phone: _____ **Business Phone:** _____ **Cell:** _____

How did you learn about York Swim Club? _____

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MEMBERSHIP APPLICATION, AGREEMENT AND RELEASE OF LIABILITY FORM

PLEASE READ THIS CAREFULLY

TO BE FILLED OUT FOR EACH SWIMMER IN A FAMILY

This Membership Application, Agreement and Release of Liability Form along with the Registration Form, must be signed upon registration.

The Swim Ontario registration fee, Provincial Assessment fee, the instalment of meet fees, and the first session's membership fee must be paid in order to complete the registration process. No member will be allowed to train until these fees have been paid in full by Pre-authorized Debit agreement or by post-dated cheques.

Please fill in 'A' or 'B'

A. I, the undersigned parent or legal guardian of _____ apply for his/her membership ('my membership') in the York Swim Club and agree on his/her behalf to be subject to the following terms and conditions.

(OR if the swimmer is 18 years or older)

B. I, the undersigned swimmer _____ apply for membership in the York Swim Club and agree to be subject to the following terms and conditions.

In consideration of your acceptance of my Membership Application and other valuable consideration, the receipt and sufficiency of which I acknowledge, I agree.

1. to be fully responsible for the payment of all charges incurred for membership fees, meet fees and other charges billed to my account. I have reviewed and am in agreement with the billing policies, and the behaviour guidelines of the York Swim Club. I understand that the York Swim Club reserves the right to terminate my membership where unpaid account balances remain outstanding for over sixty (60) days and that the York Swim Club may turn over delinquent accounts to a third party for collection.
2. that if I terminate my membership or my membership is terminated by the York Swim Club during the swim season, I will be required to pay an additional $50.00 before I/my child is permitted to recommence training. **I agree to notify York Swim Club Coaches immediately, in writing, if I find it necessary to cancel my membership**. I understand that I will be responsible for the ongoing fees until I give notice.
3. that the York Swim Club, its officers, directors, coaches, employees and volunteers, the City of Toronto Parks and Recreation Department, and the Toronto District School Board shall not be liable to me, my child, my/his heirs or estate, for any claims, demands, injuries, damages, actions or causes of action whatsoever arising, whether through negligence or otherwise, and whether with respect to personal injury, destruction, theft to or of property or otherwise, sustained by me/my child while attending or travelling to or from any practices or swimming competitions or while being at a training camp or attending or participating in any other York Swim Club activity.
4. that in signing this waiver, that I voluntarily assume all risks associated with me/my child's participation in the York Swim Club and that the York Swim Club will not be held liable for any claims, demands, injuries, damages, actions or causes of action whatsoever incurred by any members of my family or persons attending York Swim Club facilities or activities on my behalf.

Executed this _____ day of the month of _____, 20___

Signed _____ Printed Name _____
(Parent or Legal Guardian or Swimmer if 18 & over)

Accepted on behalf of the York Swim Club by _____Date _____

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Personal Information Protection & Electronic Documents Act

CONSENT FORM

Club Name – York Swim Club
Swimmer's Name - _____

Please Read Carefully, Complete and sign this form.

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

The Canadian 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, the Province and/or Swimming/Natation Canada (SNC). These purposes include national, provincial and event registration, insurance coverage, training and competition participation and competition result publication. The information you provide is 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 and baseline performance data to assist coaching decisions in a national team competitive or training setting;
d) Reporting non-identifying, demographic and participation statistics to funders, sponsors and other authorized third parties;
e) Reporting and publishing athletes' name, gender, age, club affiliation on Swimming Canada web pages or in results, news releases and ranking reports and;
f) Making direct contact with registrants, volunteers and staff as necessary for the operation of the Club, Swim Ontario and SNC.

Swimming Canada complies with the obligation and responsibility to the World Anti-Doping Agency – WADA (or its agents) to provide information upon request.

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 for SNC at https://www.swimming.ca/en/Privacy/ and for Swim Ontario at www.swimontario.com.

Should a registrant wish to review their personal information held by the Club, Swim Ontario, or SNC they must make a request to the appropriate organization pursuant to that organization's Policy. Further, registrants 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 Ontario and SNC. All swimmers or their legal guardian must sign a copy of this form each season.

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

_____ _____
Signature of Registrant (age 18 or older) or Parent/Guadian Date

Photographic and E-mail Release Form

Photography -- I understand that photographs and videos may be taken of _____ (your swimmer's name) from time to time during York Swim Club activities. I agree that the York Swim Club may use such photographs and videos for promoting the sport of competitive swimming and the York Swim Club.

E-mail – In accordance with Canada's Anti-spam Legislation, I give express consent to York Swim Club to use the e-mail addresses provided on this registration form to communicate information.

_____ _____ _____
(Print Name) (Signature) (Date)

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Please provide post-dated cheques as indicated below:

York Swim Club Fee Structure 2017-18 Season																
	Program Fees	Meet Fees	Registration Fees (Age as of 31 Dec)				Installment Plan Program Fees, Meet Fees, Swim Ontario Affiliation Fees									
			8&U	9-10	11-14	15&O	10-Sep-17	10-Oct-17	10-Nov-17	10-Dec-17	10-Jan-18	10-Feb-18	10-Mar-18	10-Apr-18	10-May-18	10-Jun-18
Novice (3x/week)	$1,860	$500	$91.80	$111.80	$131.80	$151.80	$236.00 + Reg. Fees	$236.00	$236.00	$236.00	$236.00	$236.00	$236.00	$236.00	$236.00	$236.00
Age Group 2 (5x/week)	$2,540	$500	$91.80	$111.80	$131.80	$151.80	$304.00 + Reg. Fees	$304.00	$304.00	$304.00	$304.00	$304.00	$304.00	$304.00	$304.00	$304.00
Age Group 1 (6x/week)	$2,960	$650	$91.80	$111.80	$131.80	$151.80	$361.00 + Reg. Fees	$361.00	$361.00	$361.00	$361.00	$361.00	$361.00	$361.00	$361.00	$361.00
Junior (7-8 x/week)	$3,330	$650	$91.80	$111.80	$131.80	$151.80	$398.00 + Reg. Fees	$398.00	$398.00	$398.00	$398.00	$398.00	$398.00	$398.00	$398.00	$398.00
Senior (8-9 x/week)	$3,590	$650	$91.80	$111.80	$131.80	$151.80	$424.00 + Reg. Fees	$424.00	$424.00	$424.00	$424.00	$424.00	$424.00	$424.00	$424.00	$424.00

Other Fees

1) Club Hosted Meet Participation Fee: $200.00 per club hosted meet***

It is requested that families volunteer to work at **ALL** sessions of club hosted meets. If your family fails to volunteer to work ALL sessions of a club hosted meet, you authorize York Swim Club to debit your account $200 for that club hosted meet. This same policy applies to each subsequent club hosted meet in the season. If you do not have a Pre-authorized debit agreement in place, a post-dated cheque for $200 needs to be provided for each club hosted meet.
Also note: if you work at all sessions of a club hosted meet, the MEET FEES for your swimmer at that meet will be waived.

***** If you do not meet your club hosted meet commitment for a specific meet your account will be debited**

Sign_____ Date _____

2) Participation Fee: Each family with competitive swimmer(s) must earn at least the following points

Returning families 40 points $400.00

New families 20 points $200.00

If you have not earned the required points by the end of June 2018, you authorize York Swim Club to debit your account this participation fee on 10 July 2018 (If you do not have a Pre-authorized debit agreement in place, a post-dated cheque must be provided)

Sign_____ Date _____

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Pre-Authorized Debit (PAD) Plan Agreement

Customer Information (Please Print Clearly)

Name: _____

Swimmer(s) Names: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: _____ Email: _____

Bank Account Information (please provide VOID cheque if possible)

Deposit Account Number: ☐☐☐☐☐☐☐☐☐☐ Branch Transit Number ☐☐☐☐☐

Financial Institution Number: ☐☐☐ ☐ Chequing Account ☐ Savings Account

Financial Institution: Name: _____

Branch Address: _____

Pre-Authorized Debit (PAD) Details

You, the Payor, authorize York Swim Club to debit the bank account identified above per the amounts and schedule below (or the next business day) for recurring monthly charges and one-time payments from time to time. York Swim Club will obtain your authorization for any one-time or sporadic debits (via email at least 10 days before the debit).

Date	Amount
10-Aug-17	
10-Sep-17	
10-Oct-17	
10-Nov-17	
10-Dec-17	
10-Jan-18	
10-Feb-18	
10-Mar-18	
10-Apr-18	
10-May-18	
10-Jun-18	

(Registration Fees)

These services are for (check one)

☐ Personal

☐ Business Use

You, the Payor, may revoke your authorization at any time by emailing York Swim Club subject to providing notice of at least 10 days. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit www.cdnpay.ca

Signature of Account Holder: _____

Name: _____
(Please Print)

Date: _____

Signature of Joint Account Holder (if applicable) _____

Name: _____
(Please Print)

Date: _____

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca .