

Registration, Photo Release and Consent to Travel

Swimmers Name:	Home Phone:	Swimmer's Cell:
Email:	Date of Birth:	
Home Address:	City:	Postal Code:
Mother's Name:	Work Phone:	Cell:
Home Phone:	Email:	
Father's Name:	Work Phone:	Cell:
Home Phone:	Email:	
Emergency Contact:	Phone Number(s):	

MEDICAL HISTORY

B.C. Care Card #:	Doctor:	Phone:
Is this swimmer currently taking any medication? <input type="checkbox"/> yes <input type="checkbox"/> no If yes – explain:		
Are there any medications that your child/ward should carry themselves? (eg. asthma pump, Epi-pen...)		
Allergies: Drug <input type="checkbox"/> Food <input type="checkbox"/> Other <input type="checkbox"/> (Explain reaction & treatment on reverse)		
Medical Conditions: past serious illness or injuries: <input type="checkbox"/> yes <input type="checkbox"/> no (If yes, continue on reverse)		
Has this person menstruated? <input type="checkbox"/> yes <input type="checkbox"/> no If not, has she been told about it? <input type="checkbox"/> yes <input type="checkbox"/> no		
Does this person have any learning disabilities or behavioural issues their coach should be aware of? <input type="checkbox"/> yes <input type="checkbox"/> no (If yes, continue on reverse)		
Is the participant subject to any of the following? Arthritis__ Convulsions__ Motion Sickness__ Respiratory ailments__ Ear trouble__ Nightmares__ Headaches__ Sleepwalking__ Other (specify on reverse)		
Are there any chronic conditions or recent illnesses of which the Coach/Chaperone should be aware? <input type="checkbox"/> yes <input type="checkbox"/> no (If yes, continue on reverse)		

PARENT/ GUARDIAN AGREEMENT AND WAIVER

I am the swimmer's parent or legal guardian. I certify to Vancouver Pacific Wave (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 the cause the swimmer to do the same.
2. I HEREBY GIVE MY DAUGHTER/WARD MY CONSENT TO TRAVEL in the care and guardianship of the representative from VPW.
3. I HEREBY GIVE PERMISSION AND AUTHORIZATION to Vancouver Pacific Wave, its administrators, coaches and/or designated chaperon(s) to provide general supervision and authorization for any medical treatment they deem necessary and/or reasonable while the swimmer is competing at any swim meet.
4. 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 _____,

_____ Print Name _____ Signature _____

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 willing to have your child's/ward 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 Vancouver Pacific Wave 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 on my child/ward assign and transfer to Vancouver Pacific Wave 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: _____

I do not give
permission: _____ Date: _____