

PARKLAND WATER POLO CLUB

SWIM LIKE A DOLPHIN REGISTRATION FORM Session February 9th – March 16th, 2018

Player Information					
First Name		Last Name			
Address					
City	Prov.	Postal Code	Home Phone	Birthdate (dd/mm/yyyy)	Gender Male Female
Medical Conditions/Allergies:					

How did you hear about us? <i>(please circle which one applies)</i>				
Returning Player	Friend/Family	Facebook	Flyer	Other:
Pool activity	Website	School Program	Tri Leisure Centre	

Parent/Guardian Information	
Mother's Name / Legal Guardian	
Cell Phone	Alternate Phone Number
E-mail	

Father's Name / Legal Guardian	
Cell Phone	Alternate Phone Number
E-mail	

If parent(s)/guardian cannot be reached, who should be contacted?	
Name	Relationship to swimmer
Home Phone	Cell Phone

I authorize any representative of the Parkland Water Polo Club to take any action deemed necessary in the event of an accident or injury.	
Parent/Guardian Signature:	Date:

Signature Areas can be digitally signed or you can sign the form on the first day of lessons.

PARKLAND WATER POLO CLUB

Swim Like a Dolphin: 6 week session

Dates: February 9, 16, 23, March 2, 9, 16

Time: 4:15 – 4:55 pm (40 minutes in total each lesson)

Location: TLC leisure pool. Meet your coach by the Parkland PoloBears sign near the steam room

Fee: \$50

Make cheques out to Parkland Water Polo Club.

Please note there is limited enrollment space and registration will be on a first come first serve basis. Please fill out the form and email to info@parklandwaterpolo.ca. We will contact you via phone to confirm enrollment. Fees are to be paid on the first lesson day.

Athletes, ages 4-7, will be evaluated and challenged based on their individual abilities and skills completed accordingly. As a result, there may be athletes working on different levels while in the water together. The levels are as follows:

Swimming Starfish

Open Water Octopus

Streamline Seahorse

The personal information on this form is gathered under the authority of the *Personal Health Information Protection Act*. Questions regarding this collection should be directed to the Parkland Water Polo Club Board of Directors.

REGISTRATION CONTRACT

In consideration for the Club agreeing to allow membership of the Club for the above player and parent/guardian, we confirm that I/we (the undersigned) have read and understand the Club rules, regulations and policies and agree to comply with them. Specifically, I/we agree to accept financial responsibility for the full fees of the above named player. *NSF cheques are subject to a \$40.00 fee payable to the Club. Members who submit NSF cheques to pay fees must pay future fees in cash or by certified cheque.*

Liability Release

I/we understand there are inherent risks in the sport of water polo and that injuries can occur. I/we acknowledge that the Parkland Water Polo Club, including its officers, directors, coaches, staff and volunteers, assume no liability for personal injury, damages or loss of personal property while involved in or associated with any Club activity. Furthermore, I hold officers, directors, coaches, staff, volunteers and any other persons representing the Club harmless from liability and hereby authorize the Club or its representatives to take the actions they deem necessary to correct, or attempt to correct, any situation which may result in personal injury, property damage or loss of personal property while involved with any Club activity.

Parent/Guardian Signature: _____

Comments: _____

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PARKLAND WATER POLO CLUB

CONSENT TO USE PERSONAL INFORMATION

I/we understand that the Club collects personal information about each of its registrants, including name, address, email, telephone number(s), gender, age and date of birth. This information is used for the purposes of Club communications and coordination, ensuring that each participant competes in the appropriate category, that their name will be listed in that category in the results that are posted on the Club website and to determine demographics and market trends. The information is also used by and disclosed to Water Polo Canada (WPC), Alberta Water Polo Association (AWPA), and Sport Canada for annual demographic reporting, registration and rosters, determining age groups and to communicate with participants about water polo programs, events and activities. Medical information forms collected are provided to coaches and trip chaperones when travelling outside of Edmonton. I/we understand that, by registering, I/we am/are consenting to the use of the personal information of the registrant as necessary for the Club operations. Furthermore, I/we confirm we will not use personal information disseminated by the Club for purposes unrelated to Club functions.

I/we understand that the Club, other water polo clubs, the AWPA and WPC have a valid interest in taking photographs, videotape, or digital recordings of me/my child during regular practices and competitive water polo activities and to use these in any and all media to promote the Club and the sport of water polo. By signing this page I/we consent to this. I/we waive any rights of compensation and ownership thereto. I/we am/are aware that by giving this consent, I/we am/are permitting my/our/my child's name/names, my/our/my child's image to be posted on the Club, AWPA and WPC websites, social media and Club publications. I/we understand that we may give partial consent to permitting my/our/my child's name/names and my/our/my child's image to be posted on Club, AWPA and WPC media by specifically excluding certain media that are checked below.

Player's Name: _____ Member/Parent/Guardian Name: _____

Member/Parent/Guardian Signature: _____ Date _____

- I DO NOT CONSENT TO *My child's name or image being used on the club web site.*
- I DO NOT CONSENT TO *My child's name or image being used in the club social media.*
- I DO NOT CONSENT TO *My child's image being included in promotional publications that the club produces.*

ELECTRONIC COMMUNICATIONS CONSENT FORM

In compliance with Canadian anti-spam legislation you are notified that in order for the Club to communicate with you regarding your player and Club events and news, we need to ask you for your permission to send you e-mails or other electronic communications. By signing this electronic communication consent you agree that the Club may send you e-mails or other electronic communications about your player and about Club events and news. You have the right to decline to receive communication from us at any time. This can be done by declining this consent form or by corresponding with the President of the Club or by using the unsubscribe link at the bottom of any electronic communications.

I CONSENT TO

- *Receiving electronic communications from the Parkland Water Polo Club.*
- *I understand that I may decide that I do not want to receive electronic communications at any time by clicking the unsubscribe link on any communications or by informing a member of the Board of Directors for the Club.*

Player's Name: _____ Member/Parent/Guardian Name: _____

Member/Parent/Guardian Signature: _____ Date _____

I DO NOT CONSENT TO

- *Receiving electronic communications from the Parkland Water Polo Club.*

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