



Conception Bay South Silhouettes

Synchronized Swim Club

REGISTRATION FORM

Swimmers Name: _____	Home Phone #: _____
Mailing Address: _____	Email Address: _____
_____	Date of Birth: _____
_____	MCP #: _____
_____	Date of Registration: _____

<p><u>Parent / Guardian Information:</u></p> <p>Father's Name: _____</p> <p>Father's Contact # - Home #: _____</p> <p>Work #: _____</p> <p>Father's Email: _____</p> <p>Mother's Name: _____</p> <p>Mother's Contact # - Home #: _____</p> <p>Work #: _____</p> <p>Mother's Email: _____</p> <p><i>If Necessary, Other Guardian:</i></p> <p>Name: _____</p> <p>Phone #: _____</p>	<p><u>Emergency Contact Information:</u></p> <p>Emergency Contact #: _____</p> <p>Person To Be Contacted: _____</p> <p>_____</p> <p><u>Medical Information :</u> (Allergies, Medications, Special Diet, Etc.)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><u>Fees Paid At Registration: \$</u> _____</p>
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I _____, hereby grant permission for my child _____, to participate in synchronized swimming with the program offered by the CBS Silhouettes Synchronized Swimming Club at the CBS Pool/Recreation Complex or other facilities that may be used, from September 2015 until June 2016. I understand that this program, under the supervision of coaches will include synchronized swimming and other related training activities and I acknowledge that swimmers are under the supervision of their coaches. I hereby release the coaches involved with this program, CBS Silhouettes Synchro Swim Club and its executive, Synchro Newfoundland and Labrador and its executive, CBS Pool/Recreation Complex and its Staff, from any and all liability with respect to injuries or other losses that may arise out of my child's participation in the CBS Silhouettes Synchronized Swimming Club program.

Date: _____ **Parent or Guardian Signature:** _____

FOR OFFICIAL USE ONLY

Swimming Level: _____	Star Level & Date Obtained: _____
Rec. Coach Assigned: _____	Date Moved To Comp.: _____
Synchro Canada (CASSA) #: _____	Comp. Coach Assigned: _____



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Photo / Video Release Form

I hereby give permission for images of my child, captured during practices, regular and special swimming activities through video, photo and digital camera, to be used solely for the purposes of the CBS Silhouettes Synchronized Swimming Club promotional material and publications, and waive any rights of compensation or ownership thereto.

Name of Participant (Please Print):

Name of Parent / Guardian (Please Print):

Parent / Guardian Signature:

Date:
