



Windsor Aquatic Club
www.windsoraquatic.com

Committed, Compassionate, Competitive

**Competitive Swimming
Registration Form -
Year: _____ - _____**

Swimmer Information

Please Fill in all information below:

Swimmer Name :	_____ <small>Surname Given Name</small>	Gender:	_____
Address :	_____ <small>Number Street</small>	Height:	_____ Weight: _____
	_____ <small>P.O.Box, APT#, RR#</small>	Birthday:	_____ <small>DD-MMM-YY</small>
	_____ <small>City Prov. Postal Code</small>	Home Phone #:	_____
Email:	_____	Dad's Cell Phone:	_____
Registering For (Level) :	_____ <small>(Junior, Age Group, TAG, Senior, TEEN)</small>	Mom's Cell Phone:	_____
		Business Phone #:	_____

Parents/ Gardian Name :	_____ <small>Surname Given Name(s)</small>	Business Phone # :	_____
Address : (If Different from above OR Business address if a non-resident of Windsor)	_____ <small>Number Street P.O.Box, APT#, RR# City Prov. Postal Code</small>		

If the above are unavailable in an emergency, please notify:	Home Phone #:	_____
_____ <small>Surname Given Name</small>	Business Phone #:	_____
_____ <small>Number Street P.O.Box, APT#, RR# City Prov. Postal Code</small>		

See attached Bingo Obligation form for Bingo Requirements

For additional information on the SAT Assessment (Swim-A-Thon Fundraising Assessment) Please see the accompanying letter from the Board of Directors or see the Website at: www.windsoraquatic.com

Refund Policy:

If a swimmer wishes to discontinue swimming by Oct. 15, there is a 75% refund in fees and SAT Assessment. If a swimmer drops out between Oct. 15 and December 15 there is a 50% refund in fees and SAT Assessment. There are NO refunds whatsoever after Dec 15. There are no refunds for Registration or Swim Ontario Fees.

My Signature below indicates that I am the parent/ guardian of the named swimmer (if under the provincial legal age), that I have read and agree to all Windsor Aquatic Club policies and by-laws relating to membership in the club, and further that I agree to be responsible for the payment of all fees and charges as outlined.

Signature : (Parent/ Guardian if under provincial legal age) _____

Date: _____
mm/dd/yyyy

For additional information on details related to Electronic Storage of Registration information see the PIPEDA instructions in the Parents Handbook, contact the WAC Registrar, or go to the Windsor Aquatic Website at: WWW.windsoraquatic.com



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Personal Health Form

The information on this form will be used at the discretion of Windsor Aquatic staff, chaperones(s) or other designated leader(s) to ensure care and attention is given to the health of the participant. All information on this form is considered Personal and Confidential. This form must be returned with the completed registration package or as otherwise directed. This form is valid for one (1) year and may be updated upon request during this period. Please PRINT in blue or black ink.

Personal Information

Please Fill in all information below:

<p>Swimmer Name : _____ <small>Surname Given Name</small></p> <p>Address : _____ <small>Number Street</small></p> <p>_____ <small>P.O.Box, APT#, RR#</small></p> <p>_____ <small>City Prov. Postal Code</small></p> <p>Email: _____</p>	<p>Gender: _____</p> <p>Height: _____</p> <p>Weight: _____</p> <p>Birthday: _____ <small>DD-MMM-YY</small></p> <p>Home Phone #: _____</p> <p>Business Phone #: _____</p>
<p>Parents/ Gardian Name : _____ 2nd addr. or Business Phone #: _____ <small>Surname Given Name(s)</small></p> <p>Address : (If Different from above OR Business address if a non-resident of Windsor) _____ <small>Number Street P.O.Box, APT#, RR# City Prov. Postal Code</small></p>	
<p>If the above are unavailable in an emergency, please notify:</p> <p>_____ <small>Surname Given Name</small></p> <p>_____ <small>Number Street P.O.Box, APT#, RR# City Prov. Postal Code</small></p>	
<p style="text-align: right;">Home Phone #: _____</p> <p style="text-align: right;">Business Phone #: _____</p>	

Health Coverage/ Information

Ohip Number: _____	Other Benefit Carrier: _____	Other Benefit Number: _____
Family Doctor: _____	Doctor Phone#: _____	Other Benefit Subscriber Name: _____
<p>Our programs include swimming and dryland training.</p> <p>Other recreational activities or planned outings may be planned. Does the swimmer suffer from any physical or emotional disorder that would prevent him or her from participating fully in our programs? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please state particulars: _____</p> <p>In order that we may provide the best care for the swimmer, the following information would be useful.</p> <p>Do you have any special instructions for staff regarding the participant's health care or diet? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <hr/> <p>Does the swimmer have allergic reactions to such things as drugs, food, insect stings, etc.? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please list, giving type of reaction treatment to be administered, etc. _____</p> <p>Is any reaction life threatening? Yes <input type="checkbox"/> No <input type="checkbox"/></p>		



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Personal Health Form

Swimmer's Name : _____
Surname Given Name

Health Information(Continued)

Is the swimmer currently subject to any of the following?

- Arthritis? Convulsions? Other Please Specify: _____
 Respiratory Ailments? Ear Troubles?
 Headaches?

Are there any chronic conditions the staff should be aware of? Yes No

If yes please specify: _____

Please provide details of treatment required or name of medications that the swimmer may require at swim meets

Medications: Any Medication (over-the-counter and/ or prescribed) required by swimmers at swim meets or other supervised/ chaperoned away activity, must be brought by the swimmer in the original packaging with dosage instructions and clearly labeled with the swimmer's name. Medications are given to the Head Chaperone or first aid provider upon arrival at the departure point for storage. The head Chaperone or first aid provider will supervise the self-administration of medication by the swimmer according to the instructions provided. Swimmers must be willing to take their own medication. They will not be given any medication that is not provided by the parents/ guardians.

Date Of Last Tetnus Shot:
MM/DD/YY _____

Corrective Lenses Required?
Yes No

Contact Lenses?
Yes No

Other Comments:

CONSENT

I hereby authorize the Windsor Aquatic Club staff, Coaching Staff, Head Chaperone, first aid provider or other designated individual to secure such medical advice and services as may be deemed necessary for the health and safety of myself, or my son/ daughter (or ward). In case of surgical emergency, I hereby give permission to the physician selected by the Windsor Aquatic Club or designated individual to hospitalize, secure proper treatment for and to order injections, anesthesia or surgery for the named individual above. I agree to accept financial responsibility in excess of the benefits allowed by the Ontario Provincial Health Plan. I am aware of the extent of the physical activity involved in the sport, that injuries may occur, and allow the named individual to participate fully.

Signature: _____
Signature of Participant (or parent/ guardian if the participant is under the Provincial Legal

Date: _____
MM/ DD/ YY

Updated: _____
Signature of Participant (or parent/ guardian if the participant is under the Provincial Legal

Date: _____
MM/ DD/ YY

**THIS FORM IS VALID FOR ONE (1) YEAR - SEPTEMBER 1 TO AUGUST 31
UPDATES MAY BE REQUESTED DURING THIS PERIOD**



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WAC Code Of Conduct

Athletes, coaches, chaperones and parents traveling with WAC represent themselves, the Club, the sport of swimming and their city. In order to project an image that will make us proud of our sport and our swimmers, all individuals participating in WAC sponsored events will be expected to abide by the following Code of Conduct, while on deck, at home and away, from the moment of departure until returning. Athletes who wish to attend or participate in WAC sanctioned events must sign the attached form and by doing so agree to abide by this code. Failure to sign the code disqualifies one from attending and participating in club sanctioned events.

Infractions of the Code of Conduct may result in disqualification from further participation and parents of the athlete will assume the full cost of the trip and/ or return fare if the swimmer is sent home early.

1. Foul language of any sort will not be tolerated towards any swimmer, coach, parent, chaperone or official.
2. Understand the responsibilities involved in being a team member in terms of proper conduct and willingness to participate in practices and meets.
3. Demonstrate courtesy and respect toward officials, team chaperones, managers, coaches and fellow swimmers. Understand that swimmers are under the direction of team staff during all team functions.
4. Strive for excellence. Exhibit the qualities of good sportsmanship, dedication, pride, team spirit and leadership.
5. No use of tobacco, alcohol or other drugs which affect physical ability, mood or behaviour, unless prescribed by a physician for medical purposes. Neither shall a swimmer ingest any performance enhancing substance included in the FINA list of prohibited substances. These include a variety of 'over-the-counter' medications. A complete list is available on request.
6. Comply fully with the rules of Swimming Natation Canada (SNC)
7. Wear team equipment during meets; cap, suit and appropriate deck wear. Failure to wear team equipment may result in being scratched from your next event.
8. Appropriate behaviour is mandatory on team trips. When behaviour is deemed unacceptable by the coach or chaperones, the swimmer may be scratched from competition, and/ or be sent home at his/ her own expense. Failure to comply with the rules or curfews set out by the coach and chaperones is deemed unacceptable.
9. Breaking the law of the land is not acceptable.
10. Orderly and reasonably quiet behaviour is expected while in public. This includes times when the team needs to travel on public transit, while waiting for races on pool decks and when the team meals are served at restaurants.
11. Hotels are resting places for ALL registered guests; therefore hotel etiquette of the highest caliber is expected. Unacceptable behaviour includes running, phone abuse, playing loud music or television, fighting, pranks that result in personal injury or property damage, and inappropriate use of items such as food, shaving cream, baby oil, etc.
12. All team members are expected to respect individuals' needs for study time, sleep, etc.
13. Curfews as determined by the coach and chaperones must be adhered to at all times.
14. Hotel doors must be propped open at any time a member of the opposite sex is in the room.
15. Persons from outside the immediate team are not permitted in team hotel rooms, unless permission is obtained from the head coach and/ or chaperones.



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16. Athletes are expected to treat the opposite sex with respect at all times. Immoral behaviour is not acceptable.
17. Athletes are not permitted to drink or carry alcoholic beverages, nor to use drugs other than those prescribed by a physician. Such drugs must be reported to the coach or head chaperone; however, proper administration of same will be the responsibility of the individual athlete, with supervision by the head chaperone.
18. When billeting, athletes must be on their best behaviour at all times. Any athlete who may be present when a swimmer from another team breaches the Code of Conduct, must leave that area immediately and return to his/ her own team.
19. Behaviour on the final night of a trip must also meet all conditions as set out above.
20. Swimmers are responsible for their hotel rooms. Rooms must be left clean; garbage must be picked up and put in garbage bags and rooms checked for personal items.

FAILURE TO COMPLY WITH ANY OF THE ABOVE RULES IS DEEMED UNACCEPTABLE

The Board and Coaches of the Windsor Aquatics Club are fully aware that the above conditions may infringe on some of the athletes legal freedoms, but in order to satisfy legal responsibilities to parents of athletes, your cooperation is required and expected.

Any swimmer who does not agree with any part of this Code of Conduct may elect not to participate in WAC sanctioned events. A simple refusal to sign this agreement will be sufficient to exclude him/ her at this time.

Failure to adhere to this Code of Conduct may result in expulsion from the Club with no monetary refund. Additional copies of this document are available on the club website at:

www.windsoraquatic.com

Parent/ Guardian Name _____

Parent/ Guardian Signature: _____

Swimmer's Signature: _____

Date: _____
(MM/ DD/ YY)

Date: _____
(MM/ DD/ YY)