

# Okotoks Masters Swim Club (OMSC)

2017-2018 Registration Form

## Registration Information:

Name: \_\_\_\_\_  
(Surname, First Name, Middle Initial)

Address: \_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, Province, Postal Code)

Phone: \_\_\_\_\_ (Home) \_\_\_\_\_ (Work/Cell)

Email: \_\_\_\_\_  
(Note: OMSC uses email to contact the members with information)

\*\*Date of Birth: \_\_\_\_\_ Sex: F \_\_\_\_\_ M \_\_\_\_\_  
(Day/Month/Year)

\*\*Emergency Contact Person: \_\_\_\_\_ Name \_\_\_\_\_ phone number(s) \_\_\_\_\_

\*\*The above information is required for Swim Alberta, and neither OMSC nor Swim Alberta will disclose this information to any third parties. **Please note rates and options may change based on registrations, you will be advised prior to program starting, if there is any change.**

**Medical Note:** If you have any medical problems that you feel may be a safety concern for you while you are swimming with OMSC please feel free to advise the coaching staff of these concerns.

### Membership Information (Check one only)

### Payment Options

1	<b>Mornings 2 days</b> <b>Please circle 1 option</b>	A. Mon/Wed B. Wed/Fri C. Mon/Fri D. Tue/Thu	09:00-10:00 09:00-10:00 09:00-10:00 09:00-10:00	\$465 \$465 \$465 \$465	<p>The following payment options are available:</p> <ol style="list-style-type: none"> <li>1. Full payment. Cheque enclosed for full amount, dated Sept 1, 2017</li> <li>2. Two post-dated cheques, 50% on each, dated Sept 1 and Oct 1, 2017</li> </ol> <p>Make cheques payable to: <b>Okotoks Masters Swim Club.</b> <b>(NO CASH PLEASE)</b></p> <p><b>Refunds/Cancellations:</b> All registered members have a try-out period until end of September, where at this point, they can receive a full refund less \$75.00 administration fee, if they feel they no longer wish to continue.</p> <p><b>As of 1<sup>st</sup> October, 2017</b> you have committed to the remaining 9 months of swimming and unless the circumstances are extenuating <b>**NO REFUNDS</b> will be given. No refunds will be given within 90 days of the end of the season.</p> <p><b>**Refunds subject to \$75 administration fee, effective the following month after notification.</b></p>
2	<b>Evenings 2 days</b> <b>Please circle 1 option</b>	A. Mon/Wed B. Mon/Wed	20:30-21:30 20:30-22:00	\$465 \$580	
3	<b>Mornings 3 days</b>	M/W/F	09:00-10:00	\$580	
4	<b>Mornings 5 days</b>	M/T/W/T/F	09:00-10:00	\$685	
5	<b>1 day/week</b> <b>Any 1 hour session but has to be same session every week</b>	<b>Please indicate your choice of day and time</b>		\$305	
	<b>Add Sundays to any package</b>	<b>Sunday</b> <small>Note: workout provided but no coach</small>	07:00-08:30	\$75	
<small>The am/pm option is no longer being offered, but those members who already use that option can be grandfathered, as long as they maintain it.</small>					
	<b>FLEX PACKAGES</b>				
6	<b>Flex Member</b> You are available to swim any or all of the swim sessions.	M/W Eve M/Tu/W/Th/F Sun	20:30-22:00 09:00-10:00 07:00-08:30	\$785	
7	<b>Family Flex</b> You can share with one (1) family member, You and your family member may swim any of the swim sessions throughout the week as long as you do not swim at the same time.	M/W Eve M/Tu/W/Th/F Sun	20:30-22:00 09:00-10:00 07:00-08:30	\$1160	

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## Waiver:

I, \_\_\_\_\_, declare that:

1. I agree to assume all risk of personal injury, death, and property loss resulting from any cause whatsoever in my activities with OMSC and the Okotoks Recreation Centre.
2. I agree that OMSC and the Okotoks Recreation Centre shall not be held liable for any such personal injury, death or property loss, and release OMSC including its members and Executive, and the Okotoks Recreation Centre and its employees and agents from any and all claims with respect thereto.
3. I hereby authorize OMSC and/Okotoks Recreation Centre to secure such medical advice and services as may be deemed necessary for my health and safety, and I agree to personally accept financial responsibility for any and all such healthcare measures taken for my welfare and safety.

4. Please check the box if you are willing to have your email address shared with other OMSC members.

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature*

**Please complete all 3 forms and either mail or drop them off with payment to:**

**Okotoks Masters Swim Club  
c/o Apreil Gray  
25 Cimarron Estates Link  
Okotoks AB  
T1S 0C6**

*We swim from Monday 18th September, 2017  
until Friday 29th June, 2018 (inclusive) subject to change.*

*We take a holiday break from Monday 24th December until Friday 5<sup>th</sup> January inclusive  
We start again in the New Year on Sunday 7th January 2018*

*Due to stat holidays and special events at the pool, there will be no swimming on the following days:  
Mon 9<sup>th</sup> Oct (Thanksgiving); Sun 26<sup>th</sup> November (FSSC hosted meet);  
Sun 4<sup>th</sup> Feb (FSSC hosted swim meet); Mon 19<sup>th</sup> Feb (Family Day);  
Fri 30<sup>th</sup> March to Mon 2<sup>nd</sup> April (inclusive) – Easter Weekend.  
Swimming from April 3<sup>rd</sup> to April 6<sup>th</sup> (Easter/Spring Break) may be subject to reduced lanes and coach availability.  
Mon May 21<sup>st</sup> (Victoria Day)*

*You will be notified via e-mail of any other changes or cancellations in swim days  
due to pool closures for other aquatic events.*

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11759 Groat Road, Edmonton, AB, T5M 3K6  
Phone 780, 415-1780 Fax 780, 415-1788  
office@swimalberta.ca http://www.swimalberta.ca

## Protection of Personal Information Swim Alberta Consent Form

Club Name: \_\_\_\_\_

Swimmer's Name: \_\_\_\_\_

Please Read Carefully, complete and sign the consent section.

Swimmers under 18 years of age must have a parent or guardian sign the consent form.

Swim Alberta follows the tenants of the Personal Information Protection Act around the release of personal information and we require that consent be obtained for collection and use of personal information.

Collected information from club registration will be used for S/NC registration, swimming activities, team participation, pre-meet registration, results (media), and club/provincial records. All information collected from or pertaining to the swimmer will be used in the standard operating procedures of the association and unless noted below the information will be used as per operations. Should a parent/guardian or swimmer have a concern with the release of and or publication of their name, age and club affiliation within the standard operating parameters of competitions and the association then please sign the appropriate section below and the information will be modified for publication. All swimmers or their representative must sign a copy of this form.

**Clubs:** If section A has been signed and there are no issues on the release and publication of the swimmers name etc. then you the club must retain a copy of the signed form in your records for a 1 year period. If the parent, guardian or swimmer has signed section B then a copy of the form must be forwarded to Swim Alberta.

Standard operation activities include, but are not limited to:

1. Individual photos that are taken at competition or for awards presentation
2. Photos or videos that are used in electronic or print media.
3. Swimmers name, gender, age and/or classification and results or provincial team and youth recognition program that are used in the swimming newsletters and other communications, in print form, electronic or otherwise.
4. The use of the swimmers name, gender, age and/or classification in team lists or databases to enable clubs to send data to other clubs, coaches, officials or the Swim Alberta office.
5. Other activities within the swimming community.

Please indicate your consent for Swim Alberta to use information supplied by yourself in one of the following manners. **Check only 1 box.**

- A. I hereby consent to the collection and use of information (as outlined above).
- B. I do not consent to the collection and use of the information (as outlined above) EXCEPT for the following reasons.

C. Do you consent to your personal contact information as defined in the Societies Act, being released to fellow members, whom have requested a copy of the register of members of the society in accordance to Service Alberta as part of the Societies Act Chapter S-14 Section 36.1(3). **A copy of all forms that indicate a YES must be returned to the Swim Alberta office.**

\_\_\_\_\_ Yes, I consent

\_\_\_\_\_ No, I do not consent

\_\_\_\_\_  
Signature or Parent/Guardian Signature

\_\_\_\_\_  
Date