

Walnut Creek Aquanats Summer Trainee Program 2010 Registration Form

Name: _____

Birthdate: _____/_____/_____ Current Age: _____

Experience: (check all that apply)

- Previous Synchro Trainee Dance Gymnastics
 Swim Lessons Pre-Synchro Lessons Swim Team

Parents' Names: _____

Address: _____

Phone Number: _____ Cell Phone(s): _____

Email Address: _____

Please make a selection below:

- Whole Ten Week Program + Swim Show Performance** **\$450**
(Ten Weeks → June 21 – July 23 & August 4 – September 5)
Tuition for both sessions, \$450, is due by June 21, 2010

- Session One** **\$250**
(Five Weeks June 21 – July 23)
Tuition for this session, \$250, is due by June 21, 2010

- Session Two** **\$250**
(Five Weeks August 4 – September 5)
Tuition for this session, \$250, is due by August 4, 2009

- Drop-in Swimmers (Come when you can throughout the summer)** **\$20 per class**
Tuition for this option, \$20, is due **BEFORE THE START** of each class

- Mandatory Annual Registration with United States Synchronized Swimming** **\$45**

This registration fee is an annual one time payment. The registration form and the payment must be received before athletes are allowed to participate. The fee is \$45.

The first day of class in each session, new students will be evaluated for readiness to enter the program. Participants must be able to swim the length of a 25 meter pool and be comfortable in deep water without a floatation device. Those who do NOT pass this readiness evaluation will receive a full refund.

Early registration may be mailed to: WCA 2055 Bluerock Ct., Concord, CA 94521

Official Use Only: Passed Tryout _____ Whole Summer _____ Session 1 _____ Session 2 _____
Registration Paid _____ 1st Session Payment: _____ Check#: _____ Date: _____
2nd Session Payment: _____ Check#: _____ Date: _____

Class by Class Payment: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

USA SYNCHRO MEMBERSHIP REGISTRATION



_____ New Member _____ Renewal

Affiliated (Club fee included in membership price) Club Name Walnut Creek Aquanuts Club # 14

			W 38	
Last Name	First Name	MI	Zone	Association #
()				
Address	City	State	Zip	Phone
E-Mail Address	Date of Birth	Gender	F/M (circle one) Y/N(circle one)	
			U.S. Citizen	

PLEASE SELECT FROM THE FOLLOWING:

- Competitive \$65 Booster \$30 *Professional \$75 (choose athlete type) Introductory \$45 (year round)
- Upgrade \$20 (only if original registration was on or after August 1, 2010)
- Life Member \$1500 payable over a 4 year period

* Membership includes a complimentary registration in any athlete category of membership. Specific category.
 Registrations are accepted throughout the membership year. Athlete members joining within two months of the end of one membership year shall be paid for those two months and shall be fully paid through the next membership year.

Please help us with the following optional survey. We are required to report annually to the United States Olympic Committee on our membership's ethnic diversity and disabilities. We do not report on individuals, we only report statistics. The USOC uses these statistics to report to the United States Congress. Participation in this survey is strictly voluntary, however the more information we have from you our members, the better we can serve you with our programs.

Do you have one of the following disabilities?	(Please check one)
No	African American
Visually Impaired	Asian or Pacific Islander
Hearing Impaired	Caucasian
Physical Disability	Hispanic
Cognitive Disability	Multi-Ethnic
	Native American
	Other

WAIVER AND RELEASE OF LIABILITY
 In consideration of being allowed to participate in any way in U.S. Synchronised Swimming ("USA Synchro") events, activities, or programs,

- I acknowledge and agree that:
1. I understand that I or (if the participant is a minor) my child or ward, will be engaging in travel and activities that involve the risk of serious injury, including permanent disability and death, severe social and economic losses and other loss including damage to property.
 2. I knowingly and freely assume all such risks.
 3. I, for myself, my minor child or ward, and on behalf of my and their heirs and assigns, release, waive, discharge and covenant not to sue U.S Synchronised Swimming, Inc., its officers, agents, employees, and sponsors as well as its affiliate clubs, from any and all liability for any and all claims, demands, losses or damages on account of injury, including death and damage to property, whether caused by negligence or otherwise.
 4. If the participant is a minor, I consent to the collection of personal information regarding my child or ward through USA Synchro's online Membership Management System, as "personal information" is defined in USA Synchro's On Line Privacy Statement.

- a. I [do] [do not] consent to my child or ward, as applicable, being listed in the USA Synchro Directory.
 - b. I [do] [do not] consent to my child or ward, as applicable, receiving from USA Synchro electronic communications, such as an electronic newsletter, and information concerning programs and other opportunities offered by US Synchro.
 - c. I [do] [do not] consent to allow USA Synchro to divulge information concerning my child or ward to third persons.
- Opt-Out of Collection of Personal Information: The parent or guardian has the option to agree to the collection and use of the child's information without consenting to the disclosure of the information to third parties. USA Synchro shall not require a child to disclose more information than is reasonably necessary to participate in an activity as a condition of participation. The parent or guardian can review the child's personal information, ask to have it deleted and refuse to allow any further collection or use of the child's information. USA Synchro will change the contents of any personal information of a child maintained by USA Synchro at the request of the child, parent or guardian. In order to maintain membership for a person, regardless of age, USA Synchro must maintain certain personal information regarding the member. The parent or guardian understands that if s/he requests that such information be deleted from its online Membership Management System, USA Synchro will advise the participant that s/he cannot continue to be a member. You may find our privacy policy and the procedures for opting out under the membership section of www.usasynchro.org.

Participant's/ Parent's Signature _____ Date Signed _____
 Participant's/Parent's Name _____

WAIVER AND RELEASE FORM MUST BE COMPLETED BY ALL MEMBERS EACH YEAR

7 AQUATIC WAIVER AND RELEASE OF LIABILITY - Minor

- Walnut Creek Aquabears Walnut Creek Aquanuts
 Diablo Divers Walnut Creek Swim Club

Participant's Name _____ Phone _____

Name of Parent or Legal Guardian _____

Address _____

City _____ State _____ Zip _____

Emergency Phone Number (_____) _____ Age _____

We the undersigned, certify that we are the parent or legal guardian of the above named child, that he/she is in good physical condition and we, therefore, give our permission for him/her to participate in the program marked above.

We hereby acknowledge that the above named child has voluntarily applied to participate in aquatic activities in conjunction with the above named team.

We are aware that serious accidents occasionally occur during aquatic activities; and that participants occasionally sustain serious personal injury or death and/or property damage, as a consequence thereof. We understand that included among the dangerous elements of aquatic activities are risks associated with weather, water conditions, including temperature, currents, waves and pollution, of injury as a result of being struck by another swimmer/diver or his/her equipment. Additionally, we understand that there is a risk of injury to muscles, tendons, ligaments, joints, ankles, knees, and legs while practicing and competing. We understand that the pool deck, bottom, sides, diving boards and starting blocks cannot be guaranteed to be smooth or free of defects, and that there is the risk of injury as a result of tripping or striking an unknown object. We understand that in addition to the above-mentioned risks, there are unpredictable dangers involved in this sport. If, however, we observe any unusual and/or significant hazard we will bring such to the attention of the nearest official immediately and remove the above named

child from participation if necessary.

In consideration of the above named child's participation in aquatic activities, we voluntarily release the team indicated above, the City of Walnut Creek and the Sponsors, or their officers, agents, employees and volunteers from any and all liability for injuries or death, or property damage resulting from or in any way connected with the above named child's participation in aquatic activities, that this waiver and release is applicable even though the negligent activities of team named above, the City of Walnut Creek, the Sponsors, or their officers, agents, employees or volunteers may have caused or contributed to the injury or death or property damage, and this document is binding on my heirs and dependents as well as myself. We freely and voluntarily expressly assume all the risks of participating in these aquatic activities.

We also certify that the above named child is physically fit, has sufficiently trained for participation in this aquatic activity and has not been advised otherwise by a qualified medical person. We authorize you to call our family physician in case of emergency.

We understand that during practice and competition or related activities, the above named child may be photographed. We agree to allow photo, video or film likeness of the above named child to be used for any legitimate purpose by the program officials, producers, sponsors, organizers and or assigns.

Lastly, we agree to accept and abide by the rules and regulations of the team named above and the City of Walnut Creek.

WE HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND IT AND SIGN IT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT.

Signature of Parent or Legal Guardian: _____

Date: _____

Family Doctor _____ Phone () _____

2/23/01 Child

PHOTO RELEASE FORM

The Walnut Creek Aquanuts wants to insure that the safety of their team members is considered the highest of priorities. However, we want to inform you that information posted on the WCA Website and distributed in the WCA Newsletter is accessible to anyone wishing to visit our website. Federal law severely restricts the disclosure of personal information about children for commercial purposes and limits the collection of such information with the consent of parents (Children's Online Privacy Protection Act; go to www.ftc.gov/privacy/privacyinitiatives/childrens.html, www.ftc.gov/ogc/coppa1.html).

While WCA does not use any information for commercial purposes, we recognize that the protection of privacy is important.

It is the policy of the Walnut Creek Aquanuts that the written approval of parents or guardians is required before any news items or information about their child can be published on the WCA Website or in the WCA Newsletter. The Walnut Creek Aquanuts adhere to the following online photo policies upon the consent of parents or guardians: (i) the names and other personally identifiable information will not be posted in conjunction with photos on our website or in our newsletter for children 12 years of age or younger; and (ii) only the first name and team information will be included as personally identifiable information with photos of children between the ages of 13 and 17.

Please indicate below whether you are willing to release use of team and member pictures and related information on the WCA website.

For Swimmers 12 years of age and younger:

_____ **Yes**, I hereby give my permission to have my child's photo posted on the WCA website and used in the WCA Newsletter. I am aware that my child's name and other personally identifiable information **will not** be posted in conjunction with the photos.

_____ **No**, I do not wish to have my child's photo posted on either the WCA website or in the WCA newsletter.

For Swimmers 13 - 17 years of age:

_____ **Yes**, I hereby give my permission to have my child's photo posted on the WCA website and used in the WCA Newsletter. My child's first name and team may be used in conjunction with the photo.

_____ **No**, I do not wish to have my child's photo or any other information about my child posted on the WCA website or in the WCA newsletter.

For Swimmers 18 years of age or older:

_____ **Yes**, I hereby give consent to have my photo, name and team posted on the WCA website and used in the WCA Newsletter

_____ **No**, I do not wish to have my photo, name, team membership, or any other personally identifiable information posted on the WCA website or in the WCA newsletter.

Swimmer's Name (please print): _____

Parent/Guardian Name(s) (please print): _____ Date: _____

Parent/Guardian Signature(s): _____ Date: _____

Swimmer Signature (if 18 or older): _____ Date: _____