



First Name : \_\_\_\_\_ Last Name : \_\_\_\_\_

Date of Birth : (Y/M/D) \_\_\_\_\_ Age as of December 31st: \_\_\_\_\_

Parents/Guardians: \_\_\_\_\_

Address : \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Home Phone # : \_\_\_\_\_ Father's Cell # : \_\_\_\_\_

Mother's Cell #: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

N.B. Medicare #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Does the participant have any pre-existing medical conditions that the coaching staff should know about?

Choose One of the Following Groups:

- \_\_\_ Beginner - \*\*Saturday - 9:00-10:00AM\*\*
- \_\_\_ Group A - \*\*Tuesday & Thursday 4:45 - 6:00PM\*\*
- \_\_\_ Group AA - \*\*Monday & Friday 4:00-6:00PM, Wednesday 3:45-6:00PM\*\*
- \_\_\_ Group AAA - \*\*Monday, Tuesday, Thursday and Friday 4:00-6:00PM, Wednesday 3:45-6:00PM
- \_\_\_ Masters - \*\*Wednesday 5:00-6:00PM, Saturday 8:00-9:00AM\*\*

PARENT/MASTERS' SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

\*\*\*\*\*

Payment received: \$ \_\_\_\_\_ Payment Form: \_\_\_\_\_ Owing \$: \_\_\_\_\_ Receipt #: \_\_\_\_\_



## Consent Forms for Video and Photos

Hereby, I

\_\_\_\_\_, parent or guardian of

\_\_\_\_\_ give

permission to the Miramichi Whitecaps to film our child to make corrections on their swimming techniques (eg, diving, strokes and turns). These videos will be

presented in an educational setting only.

Also, I allow my child to be photographed during competitions, training and other activities related to the Miramichi Whitecaps. These photos can be used for archive souvenirs or promotional activities for the Miramichi Whitecaps (eg. newspaper articles, business promotions and web pages for club). Pictures may also be used on social media sites, like our Facebook page, Instagram and Twitter.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date



## Personal Information Protection & Electronic Documents Act

### SWIMMER REGISTRATION CONSENT FORM –

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

Registrant Name \_\_\_\_\_

#### **Please Read Carefully; complete and sign this form.**

A Parent or Legal Guardian must sign for those registrants under the age of 18.

The Canadian Personal Information Protection & Electronic Documents Act (and equivalent provincial legislation) requires that consent be obtained prior to the collection and use of all personal information.

The personal information you provide to the Club from this registration will be used for the purposes reasonably associated with the swimming activities conducted by the Club, the Province and/or Swimming Canada. These purposes include national, provincial and event registration, insurance coverage, training and competition participation and competition result publication. The information you provide is for purposes including association registration, insurance coverage and:

- a) Ensuring swimmers train and compete in an age appropriate environment;
- b) Establishing athlete eligibility for selection to swim teams;
- c) Establishing pertinent medical records and baseline performance data to assist coaching decisions in a national team competitive or training setting;
- d) Reporting non-identifying, demographic and participation statistics to funders, sponsors and other authorized third parties;
- e) Reporting and publishing athletes' name, gender, age, club affiliation on Swimming Canada web pages or in results, news releases and ranking reports and;
- f) Making direct contact with registrants, volunteers and staff as necessary for the operations of the Club, Swimming New Brunswick and Swimming Canada.

Swimming Canada complies with the obligation and responsibility to the World Anti-Doping Agency - WADA (or its agents) to provide information upon request.

Additional personal information may be collected from time to time. Consent for the use of this personal information may be inferred where its uses are obvious and it has been voluntarily provided. When not obvious, the purposes for collection will be provided prior to, or at the time of collection; either orally or in writing.

Complete texts of the Privacy/Personal Information Policies (variously the "Policy" or the "Policies") may be found for Swimming Canada at: <https://www.swimming.ca/Privacy> and for the Swimming New Brunswick at <http://www.swimnb.ca/club-registrations-and-affiliations/>.

Should a registrant wish to review their personal information held by the Club, Swimming New Brunswick, or Swimming Canada they must make a request to the appropriate organization pursuant to that organization's Policy. Further, registrants may withdraw consent to use their personal information pursuant to the Policies. Such a withdrawal however, may require the cancellation of registration with and suspension of activities with the Club, Swimming New Brunswick and Swimming Canada. All registrants or their legal guardian must sign a copy of this form each season.

**I hereby consent to the collection and use of personal information as described above.**

\_\_\_\_\_  
Signature of Registrant (age 18 or older) or Parent/Guardian

\_\_\_\_\_  
Date