

**CALGARY WINTER CLUB  
SEA SPRITES 2005 - 06**

**REGISTRATION**

**Check (Ü) Applicable**

<b>Pre Tier</b>	<b>Pre Comp</b>	
<b>Tier 1</b>	<b>Tier 2</b>	<b>Tier 4</b>
<b>Tier 6</b>	<b>Bonus Routines</b>	

**SWIMMER**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**POSTAL CODE:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**MAIN CONTACT E-MAIL ADDRESS:** \_\_\_\_\_

**DATE OF BIRTH: (MONTH/DAY/YEAR)** \_\_\_\_\_

**MOTHER'S NAME:** \_\_\_\_\_

**FATHER'S NAME:** \_\_\_\_\_

I hereby give my consent to information (names, address, phone number, e-mail address) being distributed for Sea Sprite use only (i.e. Parent Rep's; Water Show Coordinator; Notice Distribution). I also agree to use Team Listings provided to me for Sea Sprite Club purposes only.

*I understand the CWC Sea Sprites Synchronized Swim Club (hereinafter called "the Club") collects personal information about each of its registrants, including name, address, email, telephone number, sex, age and date of birth. This information is used for the purposes of communications from the Club ensuring that each participant competes in the appropriate category, that their name will be listed in that category in the results which are posted on the Club's websites and determining demographics and market trends. The information is also used by and disclosed to Sport Canada, Synchro Canada and Synchro Alberta for Annual demographic reporting, registration, determining age group and to communicate with participants about synchronized swimming programs, events and activities.*

*I understand that the Club, Synchro Alberta and Synchro Canada has the right to take photographs, videotape, or digital recordings of me or my child and to use these in any and all media. I am aware that by giving this consent, I am permitting my child's name and performance results to be posted on the Club, Synchro Canada and Synchro Alberta's website and publications, which can be viewed by anyone who access these websites or publications. I understand that I may withdraw consent to the collection, use or disclosure of my personal information at any time by contacting the Club, Synchro Alberta or Synchro Canada.*

I hereby consent to the use of personal information provided for the above purposes.

\_\_\_\_\_  
**Parent Name (please print)**

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

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

Code Of Conduct Form \_\_\_\_\_

Volunteer Position \_\_\_\_\_

Synchro AB Participant's Agmt. \_\_\_\_\_