



TALLAHASSEE SERINAS Synchronized Swimming Summer Clinic 2019

REGISTRATION INFORMATION AND CHECKLIST

TallahasseeSerinas@gmail.com / Serinas.org

A Complete Registration Package is Required Prior to Participation:

- ___ 1. Completed Tallahassee Serinas Clinic Registration Form
- ___ 2. Completed USA Synchro Membership Registration Form
3. Select Which Clinic Your Swimmer Will be Attending
 - ___ Session 1 June 4-25 Tuesday & Thursday mornings 9:00-11:30 am
 - ___ Session 2 June 4-25 Tuesday & Thursday evenings 5:30-7:00 pm
- ___ 4. Check payable to Tallahassee Serinas in the amount of:
 - \$225 Session 1 June 4-25 Tuesday & Thursday mornings 9:00-11:30 am
 - \$175 Session 2 June 4-25 Tuesday & Thursday evenings 5:30-7:00 pm

Remember to Have Your Swimmer Bring the Following to Practice!:

- Swim Suit
- Towel
- Goggles
- Water Bottle

We will provide a nose clip and swim cap. Swimmers will also get a Serinas T-Shirt

See You at the Pool





TALLAHASSEE SERINAS CLINIC

Registration Form

Summer Clinic 2019

ATHLETE INFORMATION

Last Name	First Name	Middle Name
Nickname (if any)	Date of Birth mmddyy	Age
Street Address		
City	State	Zip Code

PARENT INFORMATION

Last Name	First Name	Relationship
Primary Phone Number	Cell(C), Home(H), Work(W)	Secondary Phone Number
Email		
Last Name	First Name	Relationship
Primary Phone Number	Cell, Home, Work	Secondary Phone Number
Email		

- Waiver of Liability**

It is agreed by my signature below, that in the event my child is disabled, injured or incurs a disease of a temporary or permanent nature while participating, to waive any and all claims or liabilities against Performance Enhancement Enterprises, Inc., the City of Tallahassee Parks and Recreation Dept., the City of Tallahassee, Florida, the TALLAHASSEE SERINAS parents boosters organization, and/or staff or volunteers of said activities and programs.

Signature of Parent/Legal Guardian _____ Date _____

- Insurance**

USA SYNCHRO Insurance Covers the injured person for accidents which occur in the course of participation in sanctioned events, including supervision of a coach or manager, and while traveling directly to and from such sanctioned events or practices. **See separate registration.**

Signature of Parent/Legal Guardian _____ Date _____

- Medical Release**

The undersigned as the parent(s) and/or legal guardian(s) of _____ do hereby authorize the coaches or representatives of the TALLAHASSEE SERINAS club or the City of Tallahassee to obtain, through a physician of its choice, any emergency medical care that may become reasonably necessary for the swimmer in the course of such athletic activities of such travel. No action shall be taken until an attempt is made to contact me at the phone number(s) listed above. Payment of all charges incurred for medical treatment is guaranteed by parent/legal guardian or the insurance company providing for the above named swimmer.

Signature of Parent/Legal Guardian _____ Date _____

TO BE COMPLETED BY STAFF Start Date _____	USA SYNCHRO: Form _____ Registered _____	FEE \$ _____ Check # _____ Roster _____ Email list _____
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WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in U.S. Synchronized 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. Synchronized 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 USA 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.

Emergency Contact Information: *please provide emergency contact info for each member*

Name: _____

Relationship: _____ Phone: _____

Participant’s Signature _____ Date Signed _____

Participant’s Name (Print) _____

**If athlete is less than 18 years of age, the parent or legal guardian must also sign.*

This is to certify that, as parent/guardian of this participant; I do consent to his/her waiver and release as set forth above and also agree to assume all such risks and to waive the right to sue the releases.

Parent/Guardian Signature _____ Date Signed _____

Parent/Guardian Name (Print) _____ Relationship _____

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

If you are under the age of 18 or your Club Representative is signing you up for membership, please give a copy of this form to your Club Representative.