

NANAIMO EBBTIDES SWIM CLUB REGISTRATION FORM

Last Name: _____

First Name: _____ Initial: _____

Mailing Address: _____

Postal Code: _____ Email: _____

Phone #: Home (_____) _____ Work: (_____) _____

Sex: M F Date of Birth: _____ / _____ / _____
Year Day Month

Are you interested in swimming in MSABC meets? Yes No

How did you hear about the club? _____

Are you new to the club? Y / N – If not, how many years have you been with the club? ____

Please indicate the dates you expect to swim (we are flexible with dates but this helps us plan the number of lanes to book at the pool): Mon PM Wed PM Sat AM

FEE STRUCTURE: PLEASE CIRCLE YOUR CHOICE

			MSABC	Total
1 SWIM PER WEEK	4 MONTHS	\$160	\$50	\$210
	9 MONTHS	\$360	\$50	\$410
2 SWIMS PER WEEK	4 MONTHS	\$240	\$50	\$290
	9 MONTHS	\$540	\$50	\$590
3 SWIMS PER WEEK	4 MONTHS	\$300	\$50	\$350
	9 MONTHS	\$675	\$50	\$725

Please make cheques payable to 'Nanaimo Ebbtides Swim Club.'

NSF cheque fees will be charged to the member.

NANAIMO EBBTIDES SWIM CLUB CODE OF CONDUCT

As a member of Nanaimo Ebbtides, you are a representative of the Club and, as such, the Club expects members to:

- Treat Club members, coaches, pool employees and meet officials with respect.
- Try to be on time for workouts. Dry Land stretching begins 15 minutes prior to pool time.

Swim warm-up begins together. If you are late, start the workout where swimmers are in the set and join in with them.

- Ask the coach which lane you should start in. Leave the wall at least 5 seconds behind the swimmer in front of you.
 - Leave in order of speed, depending on the different strokes.
 - If you need to pass, indicate this by touching the foot of the swimmer in front of you and they will let you pass at the next turn. Similarly, if your foot is touched, let the swimmer pass you at the next turn. Do not pass mid-lane as there may be an oncoming swimmer.
 - For safety reasons follow correct lane pattern of starting on the lane rope and returning down the middle, always be aware of swimmers in both lanes.
 - Keep the ends of the lane clear for swimmers to do their turns and finish on the wall.
 - When a set is finished, move to the side so all lane mates can access the wall. Get cozy!
 - Communicate with your coaches. Do you want stroke correction or are you there for fitness? Fifteen minute individual stroke correction sessions are available by signup.
 - “Thank yous” and smiles are always appreciated.
 - Get to know your lane mates. Lasting friendships can develop.
- The MSABC motto is “Fun, Fitness and Friendship!”

I have read and agree to follow our Club’s Code of Conduct.

SIGNATURE_____ **DATE:**_____

WAIVER/RELEASE AGREEMENT

I understand that there are risks and dangers inherent in participating and/or receiving instruction in **Masters Swimming**, hereinafter "Activity". I also understand that in order to be allowed to participate and/or receive instruction in Activity, I must give up my rights to hold The Masters Swimming Association of British Columbia liable for any injury or damage which I may suffer while participating and/or receiving instruction in Activity.

Knowing this, and in consideration of being permitted to participate and/or receive instruction in Activity, I hereby voluntarily release The Masters Swimming Association of British Columbia from any and all liability resulting from or arising out of my participation and/or receipt of instruction in Activity.

I understand and agree that I am releasing not only the entities set forth in the paragraph above, but also the officers, agents, and employees of those entities.

I understand and agree that this Waiver/Release will have the effect of releasing, discharging, waiving and forever relinquishing any and all actions or causes of action that I may have or have had, whether past, present or future, whether known or unknown, and whether anticipated or unanticipated by me, arising out of my participation and/or receipt of instruction in Activity, except for the acts or omissions of The Masters Swimming Association of British Columbia, its officers, agents or employees which are found to be negligent by a court of competent jurisdiction.

I understand and agree that this Waiver/Release applies to personal injury, property damage, or wrongful death which I may suffer, even if caused by the acts or omissions of others.

I understand and agree that by signing this Waiver/Release, I am assuming full responsibility for any and all risk of death or personal injury or property damage suffered by me while participating and/or receiving instruction in Activity.

I understand and agree that this Waiver/Release will be binding on me, my spouse, my heirs, my personal representatives, my assignees, my children and any guardian ad litem for said children.

I understand and agree that by signing this Waiver/Release, I am agreeing to release, indemnify and hold The Masters Swimming Association of British Columbia, its officers, agents or employees harmless from any and all liability or costs, including attorneys' fees, associated with or arising from my participation and/or receipt of instruction in Activity.

I understand and agree that if I am signing this Waiver/Release on behalf of my minor child, that I will be giving up the same rights for said minor as I would be giving up if I signed this document of my own behalf.

I acknowledge that I have read this Waiver/Release Agreement and that I understand the words and language in it. I have been advised of the potential dangers incidental to participating and/or receiving instruction in Activity.

Dated: _____, 20_____

Print Name: _____

Sign Name: _____

Witness: _____

Parent/Guardian Release (for 18 year olds):

I am the parent or legal guardian of the minor _____, and I am signing this Waiver/Release on behalf of said minor.

Print name of Parent: _____ Signature of Parent: _____