

Santa Clara Aquamaids Synchronized Swimming Club, Inc.

2011 SYNC INTO SUMMER CAMPS FOR AGES 7-11

√	Dates	Days	Time	Duration	Fee	Total
LOS GATOS: Los Gatos High School Pool (Tuesday is first day of camp)						
_____	June 21 - July 1	M-F	8:45 a.m. – noon	9 days	\$300	_____
_____	July 5 – July 15	M-F	8:45 a.m. – noon	9 days	\$300	_____
PALO ALTO: Terman Middle School Pool, 655 Arastradero Road						
_____	July 18 – July 29	M-F	8:45 a.m. – noon	10 days	\$325	_____
SANTA CLARA: Warburton Pool, 2250 Royal Drive						
_____	Aug. 1 – Aug. 12	M-F	8:45 a.m. – noon	10 days	\$325	_____

PLUS: USA SYNCHRO REGISTRATION FEE

√ _____ Number of locations _____ @ \$15 per location = Total Due

Athlete's name _____
First MI Last

Mailing Address _____
Street City State Zip Code

Home Phone (____) _____ **Athlete's Birth date** _____

Family Email _____

Father's Name _____ Cell (____) _____

Mother's Name _____ Cell (____) _____

Returning Family? Yes _____ When? _____ No _____

How did you hear about Camp? _____

I authorize Santa Clara Aquamaids (SCA) to charge my credit card:

 Name as it appears on card Card # (Visa, Mastercard, or Discover)

 Billing Address (# Street Name, Zip Code) Expiration date

 Cardholder Signature

ITEMS TO SUBMIT: 1. THIS form 2. USA Synchro Registration Form

Mail, Email or Fax TO:

Santa Clara Aquamaids

Summer Camps

P.O. Box 2066

Santa Clara, CA 95055-2066

info@aquamaids.org

408-930-4303

fax #408-654-9115

Tax Exempt, 501(c)3, CA Non-Profit Corp. #94-1585794

SCA reserves the right to cancel due to low enrollment. No refunds unless camp is cancelled by SCA.

U.S. SYNCHRONIZED SWIMMING

MEMBERSHIP REGISTRATION



New Member Renewal

Choose One: Affiliated Unaffiliated

Club Name _____ Club # _____

→ _____ <b style="float: right;">N S E W				
Last Name	First Name	M.I.	Zone	Association #
→ _____ () _____				
Address	City	State	Zip	Phone
→ _____ <b style="float: right;">F / M Y / N				
E-Mail Address	Date of Birth	Gender	U.S. Citizen	

PLEASE SELECT FROM THE FOLLOWING:

- Competitive Athlete \$70 (circle one: Master Regular Collegiate)
- Introductory Athlete (year round) \$45 (circle one: Recreational Collegiate)
- 30-Day Trial Athlete \$15
- *Professional \$75(choose athlete type)
- Introductory Official \$30
- Booster \$30
- **Life Member \$1500 payable over a 4 year period
- **President's Club \$1000/Yr. (pay 10 yrs., PC for life)
- Upgrade (indicate new membership and pay difference from old level to new plus \$3 upgrade fee) \$ _____

* Membership includes a complimentary registration in any athlete category of membership. Specify membership category.
 ** Membership includes a complimentary registration in any other category of membership. Specify membership 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.

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| <p>a. Do you have one of the following disabilities?</p> <p>No <input type="checkbox"/></p> <p>Visually Impaired <input type="checkbox"/></p> <p>Hearing Impaired <input type="checkbox"/></p> <p>Physical Disability <input type="checkbox"/></p> <p>Cognitive Disability <input type="checkbox"/></p> | <p>b. Are you (Please check one)</p> <p>African American <input type="checkbox"/></p> <p>Asian or Pacific Islander <input type="checkbox"/></p> <p>Caucasian <input type="checkbox"/></p> <p>Hispanic <input type="checkbox"/></p> <p>Multi-Ethnic <input type="checkbox"/></p> <p>Native American <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> |
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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.