

**Etobicoke Olympium Masters Aquatic Club**

590 Rathburn Road, Etobicoke, Ontario M9C 3T3

**Special One Day Non-Competitive Membership**

**for New Year’s Eve Swim with EOMAC on December 31, 2017**

In conjuction with Swim Ontario the Etobicoke Olympium Masters Aquatic Club is hosting the New Year’s Eve 100X100 swim. All swimmers must be registered with Swim Ontario in order to participate. If you are registered with Swim Ontario you simply send an email to [bud@seawright.ca](mailto:bud@seawright.ca) and show up with $5 on the morning of the swim. If you are not registered with Swim Ontario we are offering a special, one-day only registration as a non-competitive swimmer with Swim Ontario. You must complete the forms attached forms (As we are insured through Swim Ontario, as a masters club, we require the completion of the attached forms, EOMAC’s registration form, Swim Ontario & EOMAC’s PIPEDA Privacy consent forms and medical release form) prior to December 21, 2017.

The cost of the Swim Ontario registration is $15, which is payable by cheque to EOMAC Inc. or cash and can be delivered to Rob Kent (for those that know Rob) or hand delivered on the pool deck on December 31st. Email your completed forms to [bud@seawright.ca](mailto:bud@seawright.ca) and be advised that you will have to pay $5 on deck as well.

Regards,

Nick Foster Club President on behalf of the

EOMAC Board of Directors

**EOMAC’S Privacy Policy**

EOMAC does not circulate our club membership list or contact information, to anyone apart from Swim Ontario, to protect your privacy. Only the Board of Directors and Coaching staff have access to your information and will use it only to conduct EOMAC related business and nothing else. Please review the Swim Ontario Privacy Policy below.

The fee being charged is Swim Ontario’s non-competitive fee and you will be affiliated with EOMAC in Swim Ontario’s system.

EOMAC Inc. protects and keeps confidential all personal information of its registrants. The collection of personal information shall be limited to that which is necessary for the purposes identified by Swimming Canada below. Information shall be collected by fair and lawful means.  
  
Personal information shall not be disclosed to third parties without prior consent from the member. Signed consent forms are kept on file until such time as a member wishes to withdraw consent or leaves the organization.

**SWIM ONTARIO PRIVACY POLICY - Personal Information Protection & Electronics Document Act (PIPEDA)**

The Canadian Personal Information Protection & Electronic Documents Act requires that consent be obtained prior to the collection and use of all personal information.  
  
The personal information you provide to EOMAC, as required on the registration forms, is a requirement of registration. The personal information you provide to EOMAC will be used for the purposes reasonably associated with the swimming activities conducted by EOMAC, Swim Ontario and /or Swimming Canada. These purposes include registration, insurance coverage, training and/or competition participation, competition results’ publication, rankings and records publication and:   
  
a) ensuring swimmers train and/or compete in an age appropriate environment;  
b) establishing athlete eligibility for selection to swim teams or record setting;   
c) reporting non-identifying, demographic and participation statistics to funders, sponsors and other authorized third parties;   
d) reporting and publishing athletes’ names, genders, ages, club affiliations on Swimming Canada webpages or in results, news releases and ranking reports; and  
e) making direct contact with swimmers as necessary for the operations of 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 Swimming/Natation Canada Privacy Policy (the “Policy”) may be found on the Swimming Canada website www.swimming.ca at: <https://www.swimming.ca/Privacy/>

Should a swimmer wish to review their personal information held by Swimming Canada, they must make a request to the Organization pursuant to its Policy, or utilize their login to the registration account. Further, swimmers may withdraw consent to the use of their personal information pursuant to the Policy. Such a withdrawal however, may require the cancellation of registration with and suspension of activities with EOMAC, Swim Ontario or Swimming Canada.

# New Year’s Eve Registration Checklist

Please ensure you have COMPLETED ALL items on the checklist below and submit the following information by scan/email to [eomacmembership@gmail.com](mailto:eomacmembership@gmail.com) or by fax to 416-236-5395:

**Print out and complete the following forms and waivers:**

\_\_\_\_ (1) Non-Competitive Application form - completed and signed

\_\_\_\_ (2) EOMAC’S Privacy Policy Waiver - completed and signed

\_\_\_\_ (3) Swim Ontario’s PIPEDA form - completed and signed

\_\_\_\_ (4) Medical Questionnaire & Liability Release form - completed and signed

# (1) Application Form

Please print out, complete and sign the following forms and waivers, to acknowledge the information disclosed above in the 2017-2018 registration package.

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

Street address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Apt#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth (MM/DD/YY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age at Dec. 31, 2017 \_\_\_\_\_\_\_\_\_\_\_\_

Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your email address is important since club information, including workout changes and cancellations, is distributed via email. Please remember to inform the membership director of any changes to your personal information.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(2) EOMAC’s Privacy Policy Waiver**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby consent to the collection and use of my personal information as described in the Privacy Policy detailed above.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(3) Swim Ontario’s PIPEDA**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have reviewed both documents and hereby consent to adhere to these policies as described in the PIPEDA and Code of Conduct as detailed above.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# (4) Medical Questionnaire & Liability Release Form

Please fill out the medical questionnaire below. This important information will be used by the coaching staff in the event of an emergency. All information recorded below will be kept confidential.

Do you have any medical condition(s) that the coaching staff should be aware of in the event of an emergency (such as heart condition or asthma)? Yes \_\_\_\_ No \_\_\_\_\_

If yes, please describe in detail.

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**Liability Release Waiver**

I, the undersigned participant, intending to be legally bound, hereby certify that I am physically fit and have not been otherwise informed by a physician. I acknowledge that I am aware of all the risks inherent in Masters Swimming (training and competition), including the possibility of permanent disability or death. I hereby waive any and all rights to claims for loss or damages arising out of my participation in masters Swimming programs or any activity incidents thereto against Etobicoke Olympium Masters Aquatic Club, the Board of Directors or any individuals supervising such activities, as a condition of my participation in Masters Swimming

Name (Please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person to Notify in Case of Emergency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_