



Mighty Tritons Aquatic Club (MTAC)

Swimmer Registration Form 2022-2023

Instructions

To make the registration process for the 2022-2023 season a contactless process, we created this new consolidated Swimmer Registration Form. You can fill this form using Adobe Acrobat Reader on PC or Mac, following these instructions:

1. This form should be completed by a parent, custodial parent, or guardian of the swimmer.
2. Please complete each section in the form.
3. Once you reviewed each section, save it using the following naming convention using the swimmer first and last names: ***first_name.last_name.pdf***
4. If you are registering more than one swimmer, copy the file you saved earlier using the same naming convention using the first and last names of the additional swimmers, and then update the relevant sections only, making sure to save the form once your updates are complete.
5. You should have one PDF file for each swimmer you are registering.
6. Please send all the PDF documents to registrar@mightytritons.org
7. If you have questions regarding how to complete this form, please email communications@mightytritons.org



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Swimming Program

Please indicate in which program you are registering the swimmer:

Notes:

- Entry1 and Entry 2 programs returned for 2022.
- If you are new to the team, your swimmer must be assessed by our coaches to be placed in the right program.

Swimmer Information

Personal Information

First Name:	
Middle Name:	
Last Name:	
Date of birth:	
Gender:	
T-shirt type:	
T-shirt size:	
Street address:	
City:	
Postal code:	



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Medical Conditions

Please list any medical conditions/concerns regarding the swimmer's health care and/or diet that may have to be taken care of by the coaches during practices. This would include ADHD, allergies, respiratory ailments (asthma), motion sickness, diabetes, etc.

Condition	Life Threatening	Instructions (including medications)

Every Care and Attention will be given To the Health and Comfort of the Swimmers.

1. I hereby authorize the Coach/Lifeguard responsible to secure such medical advice and services as may be deemed necessary for the health and safety of my child/ward.
2. I agree to accept financial responsibility in excess of the benefits allowed by Provincial Health Insurance Plans.



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Contact Information

The following information will be used to send regular information regarding team events, and to contact parents/guardians in case of emergencies.

Name (Swimmer, Parents, Guardians)	Mobile Number	Work Phone	Email Address



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Swimmer Code of Conduct

I understand and agree that as a commitment to myself, my coaches, my parents and my teammates, I will:

- a) Arrive on time for every practice and competition.
- b) Attend all swim practices and Club events, with all equipment that I need.
- c) Follow coaches' instructions at practices and competitions.
- d) Strive to be my best and always be ready, willing and able to participate in all practices and competitions to the best of my abilities.
- e) Recognize that swimming is a team sport and I should help my team mates to strive to be their best and reach their personal goals;
- f) Behave respectfully towards my coaches, my teammates, swim officials and fellow competitors always.
- g) Behave in a positive manner when representing The Mighty Tritons Aquatic Club.
- h) Not participate in unacceptable behavior including, but not limited to swearing, bullying others, or any illegal activities.
- i) Be a positive role model to other Mighty Tritons swimmers, especially any who are younger than me.
- j) Use social networking safely, when involved in any team activity.
- k) Use social media responsibly by respecting the privacy of MTAC members.



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Parent/Guardian Code of Conduct

I understand and agree that as a commitment to my swimmer and his/her coaches, I will:

- a) Encourage and make sure my swimmer attends all practices and Club events, unless he/she is ill.
- b) Ensure my swimmer arrives on time to every practice and competition.
- c) Encourage my swimmer to be ready, willing and able to participate in all practices and competitions to the best of his/her abilities.
- d) Stay off the pool deck and not communicate with my swimmer during practices and competitions.
- e) Support my swimmer coach(es);
- f) Allow my swimmer's coaches to do the coaching and officials to do the officiating at competitions.
- g) Acknowledge my swimmer's fears or concerns and discuss them with my swimmer's coach(es);
- h) Keep apprised of Club activities and events by reading communications, attending team meetings and team events.
- i) Pay all fees required of me in order to allow my swimmer's continued participation in the sports and the Club.
- j) Help promote and support the Club and the sport of swimming.
- k) Always represent the team in a positive manner.
- l) Encourage my athlete to have goals other than winning.
- m) Be a positive role model for my swimmer by encouraging good sportsmanship and acting in a respectful and courteous manner towards coaches, officials, Board members, other team members always.
- n) Refrain from negative discussions regarding the performance and behavior of swimmers, coaches and officials at all times; and
- o) Enjoy watching my swimmer practice and compete from designated areas.



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Receipt of Review of Concussion Awareness Resource

Thank you for completing your review of the [Concussion Awareness Resource](#).

- Under *Rowan's Law*, your sport organization will ask you to confirm that you reviewed one of the Concussion Awareness Resources in this website ([Ontario.ca/concussions](#)) before you can register/participate in a sport.
- You must review one of the resources once a year, and then confirm that you have completed the review every time you register with a sport organization. If you want to use this form to show that you have reviewed the concussion awareness resource, you can provide the completed form to your sport organization(s).
- If you would like to have a record of your review of the concussion awareness resource, you can complete this form and keep it as a receipt to remind you of the date on which you reviewed it.
- Once you complete this form, you can save it (to your personal device/computer) or print this page to share with your sport organization and/or to serve as a reminder of when to review the Concussion Awareness Resources again next year.

I, _____ (parent/guardian name) confirm that I have reviewed the Concussion Awareness Resource.



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Photo Release

I give permission to the Mighty Tritons Aquatic Club to photograph and/or record my child/ward and or my child's/ward's voice using any digital or physical medium, and to use this material, in whole or in part, through television, radio, newspapers, film, internet (social media, podcasts), or in a printed media or display form for the promotion of the Mighty Tritons Aquatic Club, or to create training materials for use by the Club. I assign and transfer to the Mighty Tritons Aquatic Club all rights, including copyright, which I may have, or my child/ward may have in this material.

I give permission as set out above:

Personal Information Protection & Electronics Documents Act (PIPEDA) Consent

MTAC collects personal information for the following limited purposes:

- To establish and maintain member lists and mailing lists
- To coach, train, represent, promote and transport swimmers in order to facilitate competition

This information is necessary to allow our athletes to train and compete in an age-appropriate environment and to have personal information on hand when direct contact is necessary. The latter also applies to volunteers and coaches. MTAC also collects donor information for charitable tax receipt purposes. The Personal Information Protection & Electronic Documents Act (PIPEDA) regulates the collection, use and disclosure of personal information.

By signing below, I confirm that I have read and understand the policies outlined above. I understand that I may withdraw consent at any time upon written notice to the Mighty Tritons Aquatic Club and your personal information will be purged from the database. Note that withdrawal constitutes deregistration.



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Membership Agreement

By signing this agreement, I acknowledge that I have reviewed the Mighty Tritons Aquatic Club Handbook for the swim season covering September 2021 through June 2022. I also confirm that I have read, understood, and will comply with the following requirements as outlined in the [Mighty Tritons Aquatic Club Handbook](#):

- Swimmer's Code of Conduct
- Parent's Code of Conduct
- Rowan's Law (Concussion Safety)
- Photo Release Form
- [Payment Schedule](#)

We hereby agree to support the Mighty Tritons Aquatic Club by accepting their policies and agreements (please sign by entering your email address in the signature field):

Parent/Guardian Name

Parent/Guardian Signature

Swimmer Name

Swimmer Signature

Date