

September 10, 2010

Dear Swim Club Parent,

Re: Registration Information for the 2010/2011 Swim Season

Returning SLSC members will have an opportunity to register for the 2010/2011 Swim Season on the following dates.

Monday September 13th – Pool Office – 5:00 p.m. to 6:30 p.m.
Saturday September 18th – Pool Office – 9:00 a.m. to 10:30 a.m.

Please bring your completed Registration Forms with you on these dates as well as your Post-dated cheques.

Your child must be registered prior to entering the pool on Monday, September 13th.

Outstanding accounts:

All outstanding accounts must be paid before you can register for the 2010/2011 swim season. Invoices have been distributed via email and need your immediate attention.

If you have questions regarding your account please contact, John MacLean at 522-5851.

Please find enclosed your 2010–2011 Season Registration Package including the following documents:

1. Registration Form
2. Web Site Authorization
3. Fee Schedule – Post-dated cheques
4. Medical Form
5. PIDEA Form

Swimmers are required to have these forms completed BEFORE entering the water.

Returning members may choose to drop off their registration with post-dated cheques on or before September 13th, 2010 to:

Sudbury Laurentian Swim Club
Swim Club Office

Late Registration Fee and Cancellation Fee:

Returning members who register after the scheduled registration dates will be subject to a registration surcharge, as approved by the Board, in the amount of \$25.00 per family. A cancellation fee in the amount of \$25.00, as approved by the Board, will be applied for families withdrawing from the program prior to February. If a swimmer swims one day in any given month, full monthly training fees shall apply.

Volunteer Requirements:

Please be prepared to sign-up for volunteer commitments. Volunteers are essential to run the Sudbury Laurentian Swim Club. The running of the club is accomplished through the various committees and ask you as a club member to help out where ever possible.

Fund-Raising:

Preparations are underway for the Year 2010 Fundraising Campaign. All SLSC members are asked to participate. To date we have Operation Red Nose (December, 2010) and Swim-a-thon on the schedule of events. We welcome any other ideas that you have and we are looking for volunteers to help in this very important area.

Bring a Friend:

Swimmers are encouraged to bring a friend along on Saturday, September 18th, 2010. Please note that New Members are offered a **FREE TRIAL Period** should they decide to give swimming a try.

Should you have any questions or concerns, please do not hesitate to contact any Board Member. We look forward to returning to the pool and wish all of our swimmers the very best in 2010/11.

Sincerely,

Wayne Toner
President
675-0399

John MacLean
Registrar & Treasurer
522-5851

2010/2011
SUDBURY LAURENTIAN SWIM CLUB
MEMBERSHIP APPLICATION FORM

I hereby make application on behalf of the following child(ren) to participate in the Sudbury Laurentian Swim Club.

SWIMMER'S NAME: _____ BIRTHDATE: (dd/mm/yr) _____ M F

HEALTH CARD NO.: _____ SCHOOL ATTENDING: _____ GRADE: _____

YRS IN COMP SWIM: _____ YRS WITH SLSC: _____ SLSC LEVEL: _____ Competitive FEE: \$ _____

SWIMMER'S NAME: _____ BIRTHDATE: (dd/mm/yr) _____ M F

HEALTH CARD NO.: _____ SCHOOL ATTENDING: _____ GRADE: _____

YRS IN COMP SWIM: _____ YRS WITH SLSC: _____ SLSC LEVEL: _____ Competitive FEE: \$ _____

SWIMMER'S NAME: _____ BIRTHDATE: (dd/mm/yr) _____ M F

HEALTH CARD NO.: _____ SCHOOL ATTENDING: _____ GRADE: _____

YRS IN COMP SWIM: _____ YRS WITH SLSC: _____ SLSC LEVEL: _____ Competitive FEE: \$ _____

SWIMMER'S NAME: _____ BIRTHDATE: (dd/mm/yr) _____ M F

HEALTH CARD NO.: _____ SCHOOL ATTENDING: _____ GRADE: _____

YRS IN COMP SWIM: _____ YRS WITH SLSC: _____ SLSC LEVEL: _____ Competitive FEE: \$ _____

HOME PHONE: _____ Mailing Address: _____ PC _____

Father's Name: _____ Address & Phone (if different) _____

Place of Business: _____ Bus. Phone: _____ E-Mail: _____

Mother's Name: _____ Address & Phone (if different) _____

Place of Business: _____ Bus. Phone: _____ E-Mail: _____

PREFERRED COMMUNICATION METHOD: HARD COPY SENT HOME EMAIL BULLETIN BOARD

In Addition to Club fees, swim families are responsible to participate in fundraising :

I agree to work a minimum of 5 sessions for each Home Swim Meet: INITIAL _____

I understand that I will be billed \$20.00 per session missed, up to \$100.00 per swim meet if my family does not participate by working at Home Meets.

Lockers are available and must be arranged with Laurentian University.

I hereby make application for membership in the Sudbury Laurentian Swim Club and agree upon this application being accepted to become debtor to the Club for the full amount of the annual swimmer's fees, meet fees and any other additional costs incurred by the member. I also recognize my responsibility to actively support the Club as specified above.

Signature of Parent/Guardian

Date

NOTE: ALL CHILDREN MUST BE REGISTERED PRIOR TO ENTERING THE POOL THE 1ST DAY OF EACH SEASON.

Please Return with Registration Form: Registration Payment/Post Dated Cheques Medical Form
 Web Site Authorization PIPEDA

**2010/2011
SUDBURY LAURENTIAN SWIM CLUB
WEBSITE AUTHORIZATION FORM**

To ensure confidentiality, we require your authorization in respect to information that we will place on our web site.

FAMILY NAME: _____

SWIMMERS: _____

Please reflect your authorization in respect to each of the following:

(it is strongly recommended that you select all as this information is routinely posted by Swim Canada)

Swimmers name:

Birth date

Picture

School attending

Group pictures (No Names): Yes No

Group pictures (With Names): Yes No

Signature: _____

Date: _____

Authorization details are required upon registration with SLSC.

You may change your child's authorization status by dropping a written request in the clubs blue box at any time.

2010/2011
 Sudbury Laurentian Swim Club
**SWIMMER'S MEDICAL INFORMATION
 AND PARENTAL CONSENT FORM**

| | | | |
|---------------|----------------|---------------|--|
| Swimmers Name | Date of Birth | Health Card # | Allergies/Conditions (That may affect his/her swimming) |
| _____ | ____/____/____ | _____ | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N If yes, describe below |
| _____ | ____/____/____ | _____ | |
| _____ | ____/____/____ | _____ | |
| _____ | ____/____/____ | _____ | |

FATHER: _____ TEL: _____

| | | |
|------|------|----------|
| Home | Work | Cellular |
|------|------|----------|

MOTHER: _____ TEL: _____

| | | |
|------|------|----------|
| Home | Work | Cellular |
|------|------|----------|

ALTERNATE CONTACT:
 (In the event parents cannot be reached)
 NAME: _____ TEL: _____

DOCTOR: _____ TEL: _____

THIS INFORMATION IS ALSO USED FOR BILLETING AND CHAPERONE PURPOSES

Please describe any allergies or conditions that may affect your child(ren) or his or her swimming at the club, during billeting or while being chaperoned at away meets:

| Childs Name | Describe Condition | Medications Used Daily |
|-------------|--------------------|------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

IN THE EVENT OF AN EMERGENCY, I GIVE THE TEAM MANAGER, COACHES AND/OR CHAPERONES PERMISSION TO SEEK MEDICAL ATTENTION FOR MY CHILD(REN).

Signature of Parent/Guardian

Date



POLICY

on

Personal Information Protection & Electronic Documents Act (PIPEDA)

Regulation

As of January 1, 2004, the federal government is enforcing the PIPEDA (Personal Information Protection & Electronic Documents Act). The Act regulates the collection, use and disclosure of personal information.

Swim Ontario, in essence, is asking its members to allow personal information such as name, address, date of birth, e-mail addresses, telephone numbers, etc., on their families to be entered electronically on a nation-wide database. Hard copy lists are also on file at the Swim Ontario office. They are kept in a secure location to which no one other than the Swim Ontario staff has access. The Executive Director is the appointed designate for overseeing the data collection process and is ultimately accountable for compliance with this policy.

Purpose of Information Collection

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. Swim Ontario also collects donor information for Swim-A-Thon tax receipt purposes.

Security & Safeguards

The database (Swimming Canada database) is secure, and personal information is not accessible to the general public (see Appendix A). Each club's registrar has access to the database only as it pertains to club members. Swim Ontario, as the parent organization,

can access personal information on all its registered members. Swimming Canada uses the database to determine total registration numbers, rankings, as well as meet results, for the entire country. Passwords are mandatory for all identified groups to access required information.

Limited Use of Information

Personal information is not divulged to anyone without prior permission from the family. Swimming Canada also accesses the information for statistical and tracking purposes.

Meet managers need name and date of birth (DOB) for swimmers entering competitions. Names, ages, and event results are published electronically as well as in hard copy format after the conclusion of competitions. Other personal information is not made available at any time without prior contact with the coach or the parents/guardians of under-aged swimmers.

Consent & Withdrawal Thereof

Swim Ontario requires consent from each family to continue with this practice. Each club registrar should keep a signed consent form (see attached) on file for each registered member (athletes, volunteers, coaches, etc.) until such time at which a member wishes to withdraw consent or leaves the organization. **Withdrawal of consent for the use of personal information must be received immediately in writing by the Executive Director of Swim Ontario.**

Personal information is kept on file for the duration of a member's participation in Swim Ontario programmes. At the end of each season (August 31), the data is archived and will only be re-activated for those members who re-register with the association. After six (6) years, all outdated information will be purged entirely from the Swimming Canada database. Hard copy lists are kept at the Swim Ontario office for a period of no more than two years, after which time they are destroyed.

Individual Access

Swim Ontario will be happy to provide registered individuals with personal data as it appears on the Swim Canada database within 30 days of receipt of a written request.

Complaints

Complaints are to be directed to the Executive Director of Swim Ontario who will attempt to remedy each situation as it arises expeditiously and in strict confidence.

**SECURITY OF DATA
(as per Swimming Canada Database Systems)**

- * Clubs must provide Provincial Section with an officially signed user id request form. There is one registrar per club authorized to use account/password combination.
- * All user id's are either expired or deleted on Aug 31 each year at the Provincial Section Office's (PSO) discretion.
- * Swim Ontario has chosen to remove a Club's affiliation until it has settled all outstanding invoices and fees, and has paid the upcoming season's club fee. The club cannot access its data until the club affiliation is valid.
- * Website encryption is provided using a 128 bit encryption certificate.
- * Site resides behind a router/firewall which only permits access to the web server via restricted ports. Although port 80, the public http protocol port, is open other ports are locked down to prevent "backdoor" access.



Personal Information Protection & Electronic Documents Act

CONSENT FORM

Swim Ontario's policy with regard to the PIPEDA is attached. Please read it and sign the consent area of this form.

I, _____, give permission to the _____ Club to enter required personal information on the Swim Canada database for the purposes outlined in Swim Ontario's policy, which I have read. I understand that I may withdraw consent at any time upon written notice to the Swim Ontario Executive Director, and my personal information will be purged from the database. Withdrawal constitutes de-registration. The club will be informed immediately upon receipt of the written notice.

Consent is given for _____ myself
_____ under-aged child(ren) – member(s) of the above club.

NAME _____ Day Time telephone (_____) _____
(please PRINT)

e-mail Address _____

SIGNATURE _____

DATE _____

This form is to be kept on file by the above club until such time when consent is withdrawn or the person/family ceases to be a member of Swim Ontario. When transferring to another club in Ontario, a new consent form must be completed and filed with the accepting club. "Unattached" persons are to send this form directly to the Swim Ontario office.