



# Masters Swim Club

## Stittsville V.F. Masters Swim Club Fall/Winter Registration 20011/12

Training for your first triathlon? Recuperating after a long ball season? Or just trying to get back into shape? If you are an adult 18 years or older, can swim 200 metres continuously, are looking for a great way to get in shape (or stay in shape) and to meet new people, then the SVFM is the club for you! The club provides structured workouts delivered by experienced coaches who strive to meet the swimming development and training needs of our members. Information on Masters Swim Ontario (MSO) meets is circulated to all members who can choose to participate individually, with other SVFM members or not at all.

### **Part A: Parties to the Agreement**

Name of Club: Stittsville Vicious Fish Masters

Participant's name: \_\_\_\_\_ Participant's Gender: \_\_\_\_\_

Participant's address: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Postal code \_\_\_\_\_ MM DD YYYY

Participant's telephone #: \_\_\_\_\_ MSO # (if not ever a SVFM member) \_\_\_\_\_

Email Address: \_\_\_\_\_

### **Part B: Program/Activity Information**

	Session A-3	Session A-2	Session B-3	Session B-2
<b>Times</b>	Tues 7:15-8:30 AM (Sept. 20/11 – June 26/12)	Tues 7:15-8:30 AM (Sept. 20/11 – June 26/12)	Tues 9:05-10:05 PM (Sept. 20/11 – June 26/12)	Tues 9:05-10:05 PM (Sept. 20/11 – June 26/12)
	Thurs 7:15-8:30 AM (Sept.22/11 – June 28/12)	Thurs 7:15-8:30 AM (Sept.22/11 – June 28/12)	Thurs 9:05-10:05 PM (Sept.22/11 – June 28/12)	Thurs 9:05-10:05 PM (Sept.22/11 – June 28/12)
	Sun 7-8 AM (Oct 16/11-May 13/12)		Sun 8:30-9:45 PM (Oct 16/11-May 13/12)	
<b>Coach</b>	Katie McClean (Not Sundays)	Katie McClean	Paige Widdis	Paige Widdis
<b>Fees**</b> <b>Before Aug 31/11</b> After Aug 31/11	<b>\$561+\$35(MSO*) =\$596</b> \$586+\$35(MSO*) =\$621	<b>\$475+\$35(MSO*) =\$510</b> \$500+\$35(MSO*) =\$535	<b>\$490+\$35 (MSO*) =\$525</b> \$ 515+\$35 (MSO*) =\$550	<b>\$370+\$35 (MSO*) =\$405</b> \$ 395+\$35 (MSO*) =\$430
<b>Holidays (No Swims)</b>	Dec 25/11 to Jan 1/12 Feb 19/12, Feb 26/12 Mar 11 - 18/12 Apr 8/12	Dec 27/11, Dec 29/11 Mar 13 /12, Mar 15/12	Dec 25/11 to Jan 1/12 Feb 19/12, Feb 26/12 Mar 11 - 18/12 Apr 8/12	Dec 27/11, Dec 29/11 Mar 13 /12, Mar 15/12

**\*\* If the minimum number of swimmers for each session has not been reached by Aug 26, 2011, the program fee(s) will be increased or the program(s) will be cancelled.**

\* For insurance purposes, all swimmers must belong to Masters Swimming Ontario (MSO). The 2011 MSO annual membership is \$35 and is included in the fee.

**Please circle your choice(s)**    Session A3                  Session A2                  Session B3                  Session B

**Cheques** are to be made out to **Stittsville Vicious Fish Masters** and dated for **Sept 1, 2011**.

One cheque is preferable but you may split the fees on two cheques as follows, \$200 dated Dec 31, 2011 and the balance dated Sept 1, 2011.

- **Prorated fees** will be calculated on an individual basis for the MONTH of registration ONLY.
- **Cancellation Policy:** A pro-rated refund will be considered for medical reasons (doctor's certificate required) or relocation out of the Ottawa area. **A \$50 cancellation fee will be charged**
- All swims held at: Goulbourn Recreation Centre Pool



# Masters Swim Club

## Part C: Release of Liability, Waiver of Claims and Assumption of Risks and Indemnity Agreement

Please read carefully before signing

I, \_\_\_\_\_ agree to abide by the rules and regulations of the Club/Organization identified in Part A and the City of Ottawa and agree to use the facility and equipment in a manner consistent with its intended use and application.

Physical Fitness Programs are designed predominantly for healthy individuals. If you have been inactive, have health or medical concerns, you are advised to consult with your physician prior to becoming involved. Participation in sport, general fitness and physical activity programs involves various risks, dangers and hazards, including but not limited to risks of injury. An individual's participation will be deemed to indicate acceptance of such risks. Therefore, the Club/Organization identified in Part A and the City of Ottawa accept no responsibility for such activity related risks. The Club/Organization and the City of Ottawa do not have medical training; if you have medical questions, talk to your doctor.

I understand and agree that my participation in any physical fitness program is not a requirement of the Club/Organization identified in Part A and is strictly voluntary. I further agree that in the event of personal injury or property loss, as a result of my participation in a physical fitness program, I hereby release, waive and discharge the Club/Organization identified in Part A and the City of Ottawa from all liability to me, my heirs, executors and administrators. I accept full responsibility for my actions and obligations and I will not hold the Club/Organization identified in Part A and the City of Ottawa, its employees, volunteers, coaches, agents and instructors liable.

I am aware of the nature and effect of the Release of Liability, Waiver of Claims and Assumption of Risks and Indemnity Agreement that I am signing. I am executing this release and waiver of liability agreement freely and without any compulsion on the part of the Club/Organization identified in Part A, I acknowledge to having read this entire agreement prior to having signed it.

**By signing this document, I am freely assuming all risks of injury and other risks associated with participating in the program/activity described in Part B. I acknowledge having read, understood and agreed to the conditions contained in this Agreement.**

I have read the Affiliated Aquatic Club Agreement and the City of Ottawa Code of Conduct. **NEW!**

\_\_\_\_\_  
Participant print your name

\_\_\_\_\_  
Signature of participant

\_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

## Part D: Contact Information for Medical Emergency

In case of an emergency, please provide the following contact information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_ (during your swim time)

## Part E: Personal Information

I, \_\_\_\_\_ authorize the Club/Organization identified in Part A to collect and use the personal information on this form for the purpose of the management and administration of the program/activity detailed in Part B. I authorize the Club/Organization to disclose such personal information to third parties, as may be required for this purpose, including but not limited to, legal and insurance companies. The Club/Organization may also be required or permitted to disclose such personal information pursuant to relevant privacy laws or other laws.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

Please fill out and return both the registration form and the Par-Q  
**Please make cheques payable to Stittsville Vicious Fish Masters.**  
**Mail or Drop Off** cheque(s) and registration form to the registrar:

**Alison Medaglia**  
**36 Victor St**  
**Stittsville ON K2S 1H9**  
**613-836-7340**  
**(Off Hazeldean Road by Mr. Gas)**



# Masters Swim Club

Physical Activity Readiness  
Questionnaire - PAR-Q  
(revised 2002)

## PAR-Q & YOU

(A Questionnaire for People Aged 15 to 69)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor?
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	3. In the past month, have you had chest pain when you were not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you lose your balance because of dizziness or do you ever lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you know of <u>any other reason</u> why you should not do physical activity?

If  
you  
answered

### YES to one or more questions

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want — as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

### NO to all questions

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- start becoming much more physically active — begin slowly and build up gradually. This is the safest and easiest way to go.
- take part in a fitness appraisal — this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

### DELAY BECOMING MUCH MORE ACTIVE:

- if you are not feeling well because of a temporary illness such as a cold or a fever — wait until you feel better; or
- if you are or may be pregnant — talk to your doctor before you start becoming more active.

**PLEASE NOTE:** If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

**Informed Use of the PAR-Q:** The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

**No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.**

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

"I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction."

NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE OF PARENT  
or GUARDIAN (for participants under the age of majority) \_\_\_\_\_

WITNESS \_\_\_\_\_

**Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.**



© Canadian Society for Exercise Physiology

Supported by:



Health  
Canada

Santé  
Canada

continued on other side...