

USA SYNCHRO

MEMBERSHIP REGISTRATION



___ New Member ___ Renewal

Choose One: Unaffiliated Affiliated Club Name: _____

→ _____ **N S E W**
*Last Name *First Name M.I. Zone

→ _____ **()**
*Address *City *State *Zip Phone

→ _____ **F / M Y / N**
*E-Mail Address *Date of Birth *Gender *U.S. Citizen

*required for registration

PLEASE SELECT FROM THE FOLLOWING:

- ___ Competitive Athlete \$100 (circle one: Master Regular Collegiate)
- ___ Athlete (year round) \$50 (circle one: Recreational Collegiate)
- ___ 30-Day Trial Athlete \$15
- ___ *Professional \$100 (circle athlete type above)
- ___ Official Levels 1 & 2 \$50
- ___ Friends of Synchro \$35
- ___ **Life Member \$2,000
- ___ Instructor \$50
- ___ 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.**

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.

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

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.