

Freedom of Information and Protection of Privacy Act

Swim Alberta Consent Form

Club Name:

Cochrane Comets Swim Club

Swimmer's Name:

Swimmer's ID #

Please Read Carefully, complete and sign the consent section.

Swimmers under 18 must have a parent or guardian sign the consent form.

The Freedom of Information and Protection of Privacy Act requires that consent be obtained for collection and use of personal information.

Collected information from club registration will be used for S/NC registration, swimming activities, team participation, pre-meet registration, results (media), and club/ provincial records. All information collected from or pertaining to the swimmer will be used in the standard operating procedures of the association and unless note below the information will be used as per operations. Should a parent/ guardian or swimmer have a concern with the release of and or publication of their name, age and club affiliation within the standard operating parameters of competitions and the association then please sign the appropriate section below and the information will be modified for publication. All swimmers or their representative must sign a copy of this form.

Clubs: if section A has been signed and there are no issues on the release and publication of the swimmers name etc. then you the club must retain a copy of the signed form in your records. If the parent, guardian or swimmer has signed section B then a copy of the form must be forwarded to Swim Alberta.

Standard operation activities include, but are not limited to:

1. Individual photos that are taken at competition or for awards presentation
2. Photos or videos that are used in electronic or print media.
3. Swimmers name, gender and/or age and results or provincial team and youth recognition program that are used in the swimming newsletters and other communications, in print form, electronic or otherwise.
4. The use of the swimmers name, gender, and age in team lists or databāses to enable clubs to send data to other clubs, coaches, officials or the Swim Alberta office.
5. Other activities within the swimming community.

Please indicate your consent for Swim Alberta to use information supplied by yourself in one of the following manners. Sign ONLY one – A or B

- A. I hereby consent to the collection and use of information (as outlines above).

Signature or Parent/Guardian Signature_____
Date

- B. I do not consent to the collection and use of the information (as outlined above) EXCEPT for the following reasons.

Signature or Parent/Guardian Signature_____
Date