

Personal Information Protection & Electronic Documents Act

SWIMMER REGISTRATION CONSENT FORM

Registrant Name

Club Name (if applicable)

Mississauga Masters Swim Club

Please Read Carefully; complete and sign this form.

The Canadian Personal Information Protection & Electronic Documents Act (and equivalent provincial legislation) governs the collection and use of all personal information.

The personal information you provide through this registration will be used for the purposes reasonably associated with the swimming activities conducted by the club named above (the “club”) and, as the case may be, *Canadian Independent Masters Swimming (CIMS)*, *Masters Swimming Manitoba (MSM)* or *Masters Swimming Ontario (MSO)* (the “Organization”). These purposes include event registration, insurance coverage, training, competition participation and competition result publication.

The information you provide is for purposes including registration, insurance coverage and:

- a) Ensuring swimmers compete in the appropriate age group;
- b) Reporting non-identifying, demographic and participation statistics for club and planning and policy purposes;
- c) Reporting and publishing athletes’ name, gender, age, club affiliation on the Organization’s website or in results, news releases and ranking reports and;
- d) Making direct contact with the registrant as necessary for the operations of the Organization and its affiliated clubs.

The Organization does not release personal information to unaffiliated third parties.

Should a registrant wish to review their personal information held by the Club or the Organization, they must make a request to the respective organization. Further, registrants may withdraw consent to use their personal information. Such a withdrawal however, may require the cancellation of registration with and suspension of activities with the Club and/or the Organization. All registrants must sign a copy of this form each season.

I hereby consent to the collection and use of personal information as described above.

Signature of Registrant

Date

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