AQUATICS REGISTRATION

AQUATICS

Signature Required: _____
I acknowledge having read, understood and agree to the below Release, Warranty and Indemnity.

Email Required: _____
The ORC respects your privacy and does not disclose email to third parties

Cancellation: Cancellations must be requested one week prior to the first day of the session for a refund and will be subject to a $20.00 administration fee. No other refunds will be given unless accompanied by a medical certificate. ORC reserves the right to cancel any session for whatever reason. In each case, a full refund will be given. ***I FURTHER UNDERTAKE*** to hold and save harmless and agree to indemnify the Release's from and against any and all liability incurred by any or all of them arising as a result of or in any way connected to the participation of the Participant in the ORC Program. ***I WARRANT*** that the Participant is physically fit to participate in the ORC Program.
ORC AQUATICS WAIVER FORM - In consideration of the benefits expected to be derived from the admission of our child or children to the ORC Aquatics Program, we hereby remise, release and forever discharge the said Aquatics program, its servants and agents, members and participating parents, of and from any and all actions, claims and demands whatsoever in any way arising out of injury or illness of our child or children, or loss or damage to property occurring during or as a result of anything done or left undone by the Aquatics program or any other persons hereby released in connection with the operation of the Aquatics Program or anything arranged by it to take place outside of its training premises. If at anytime, due to circumstances of an accident or sudden illness, medical treatment is necessary , this may be given. The above will enable a physician to give necessary treatment in the case of an emergency situation where the parents cannot be reached. It is understood that every effort will be made to contact the parents.

One Participant Per Registration Form

Participant's Name: _____ Date of Birth: _____

Address: _____

City: _____ Postal Code: _____

Phone: (H) _____ (B) _____

Membership # _____

Emergency Contact: _____

Phone: (H) _____ (B) _____ (Cell) _____

Previous Level Completed: _____

Method of Payment

☐ Chit _____ Membership No.
☐ Credit Card (Visa, MasterCard, American Express)
☐ Cash/Debit
☐ Cheque

Credit Card #: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Expiry Date: ☐☐–☐☐

Signature: (as appears on credit card) _____

Program Information

Only **2010 Pool Pass holders** and **ORC members** will be eligible to receive the **member fee**. Children would need to be on the membership or have a pool pass.

Please do not register for the next session or level until your child has passed.

Note to parents: Once the program has begun, we do not keep records of the participants who have switched to a different level.

Program No.	Level or Program Name	Start Date	Time	Fee Subject to taxes