



Registration Form

Name of Participant	Pool	Type of Class	Level	Session	Time	Birthdate	Fee	Alternate Class Pool/Time/Session
Example	El Modena	Semi-Private	3	2 - Spring	6:00 PM	10/20/03	\$80	7:00 PM

I, the undersigned participant or parent/guardian, consent to the above person participating in these activities and agree on the behalf of said person and the undersigned that we assume the risk of accident or injuries from whatever cause in connection therewith and release ORCA and the City of Orange and their officers, agents and employees from any and all liability for any such accident or injury.
Aquatic lessons, classes and activities are non transferable and non-refundable, and make-up classes will not be scheduled.

Total Due Payable to ORCA

\$

 Signature Date

 Home Phone

 Payee Name

 Mobile Phone

 Address

 Email

 City Zip

Mail completed registration form to:
 Orange Regional Competitive Aquatics (ORCA)
 17853 Santiago Blvd # 107-265
 Villa Park, Ca 92861

**For questions and inquiries,
 contact us by phone or email at:**
714-648-2111
info@orca-aquatics.com