



Swim Team Application
Orange Regional Competitive Aquatics
17853 Santiago Blvd. #107-265
Villa Park, CA 92861

Application Date: _____

Bronze Alpha Bronze Omega Silver Alpha Silver Omega Varsity Gold Alpha Gold Omega

Swimmer's Name: First Middle Last Birth Date: _____

Additional Swimmer: First Middle Last Birth Date: _____

High School to attend: _____

Father's Name: _____ Father's Occupation: _____

Mother's Name: _____ Mother's Occupation: _____

Street Address: _____ City: _____ Zip: _____

Home Phone _____ Dad's Cell _____ Mom's Cell _____

Email Address: _____
(Important: Most of ORCA's communications are done via Email. Please print clearly.)

Once a year we print a swim team member directory that is distributed to all members of the team for the purposes of carpooling or swim team business related communication. May we have your permission to include parents' & swimmers' names, address, phone numbers, and email address in this directory?
Yes _____ No _____

Where did you hear about ORCA? _____

Authorization to Treat Minor

I (we) the undersigned parent, parents or legal guardian of _____ Minor(s), do hereby authorize and consent to any, x-ray, examination, anesthetic, medical or surgical diagnosis rendered under the general or specific supervision of any member of the medical staff and emergency room staff licensed under the provisions of the medical practice act and on the staff of any acute general hospital holding a current license to operate a hospital from the state of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of their best judgment may deem advisable. It is understood that every effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of Sec 25.8 of the civil code of California.

"PERMISSION TO USE MY CHILD'S IMAGE". ORCA maintains a website for the purpose of inter club communication and community relations. Periodically, photos of teams and individual players are posted on the ORCA website. I hereby give permission to allow such use of my child's image on the website.

Parents Signature: _____ Date: _____

List any restriction: _____

Allergies to Drugs or Food: _____

Family Physician and Phone Number: _____

Insurance Information: _____

Signature: _____



ORCA Parent Contract

The following conditions are part of your agreement to be a member of the ORCA Swim Team:

- **Membership in ORCA requires the following:**
 - Completion of our membership application
 - Signing and complying to the terms of this swim team Parent Contract
 - Payment of all assessed fees
 - Fulfillment of family volunteer commitment
 - Current membership in USA Swimming
- Our coaches are trained, experienced and certified USA Swimming coaches. It is their responsibility to coach your children. It is your responsibility to cheer for and love your children unconditionally.
- ORCA is a non-profit organization. We derive our funds from membership dues, fundraising events and sponsorship. We utilize these funds primarily for coaching salaries, equipment, facility costs and team functions.
- Swim team dues are due on the 1st of the month and late after the 15th of the month. ORCA will send out Quarterly Invoices to its members. It is the responsibility of its members to ensure their membership dues are paid by the 1st of each month or each quarter. A 10% late fee will be assessed for payments received after the 15th day of the month the payment was due.
- It is the intent of ORCA to host three meets annually. In general, these meets fall in December, March and July. The ORCA meet schedule can be found in the calendar section of our website at www.orca-aquatics.com. ORCA home meets are listed in bold. Please mark them on your calendar. These meets are fundraisers for the club to help cover the cost of operations throughout the year. They are a very important part of our annual budget.
- All families are required to **offer six (6) hours** of their time to help run each meet hosted by ORCA. If the family is not able to attend the meet to fulfill their requirement, an "opt-out" of \$10 for each hour of the required six (6) hours they are unable to help for a total of \$60 will be required. **You cannot "opt-out" if you are entered in the Meet.** Anyone working the meet to satisfy a work session for a member must be in **9th grade** or older. Various duties available at home hosted meets could include being the head timer, working concessions, athlete check-in, helping with admin, awards, staging, setting up or tearing down the meet, or waste management.

The intent of this policy is not to raise money, but to emphasize how very important it is that we all work together to maintain the high standards ORCA exemplifies and to help more evenly share the volunteer effort required to provide well run meets for our children. ORCA cannot run a meet without adequate parental support. The "opt-out" fee is intended to provide flexibility for families throughout the meet season that may encounter difficulties attending one of our hosted meets.
- It is the intent of ORCA to attend one (1) swim meet per month. Swimmers are expected to attend every meet on our ORCA calendar in which they are qualified to swim at. Parents are expected to accompany their swimmer(s) to meets for cheering and support. Parents will also be required to volunteer a minimum of 1 hour per session as a timer when your swimmer is participating in a swim meet not hosted by ORCA.

I hereby agree to the above stated terms and accept the responsibilities involved with being an ORCA team member. I understand if I do not meet the requirements of this contract that I may be requested to leave the team.

Printed Name of Parent or Guardian: _____ Swimmer(s) Name(s) _____

Signature of Parent or Guardian: _____ Date: _____