



2021 OAKHURST ORCA POD CAMP & SWIM TEAM REGISTRATION

To register your swimmer for the program:

1. Fill out this registration form completely.
2. Fill out swimmer participation permission form.
3. Please **E-Mail** swimmer camp registration, participation permission, and be paid in full before your first day of participation in the pool:

SUBJECT: Oakhurst Orca Pod Camp & Swim Team 2021

E-mail To: OCCOrcas@gmail.com

To receive additional information please visit www.oakhurstorcas.com or if you have questions please contact Head Coach Jasmine Castillo at swimcoach@oakhurstcc.com

Swimmer Information

FIRST NAME	LAST NAME	DATE OF BIRTH (Please Circle Birthdate If Summer Only Mighty Mini)	MALE OR FEMALE	PREFERED SESSION DATES (SESSION 1, SESSION 2, AND/OR SUMMER SWIM TEAM) Please list in order of preference.

Parent/Guardian Information

FIRST NAME	LAST NAME	MOBILE NUMBER	HOME NUMBER	E-MAIL ADDRESS

Swimmer's Home Address:

Street:

City:

Zip:

Are You A Member of Oakhurst Country Club? (Circle) Yes No

Membership Number (If Receiving Membership Pricing): _____

Payment Options (Circle):

Check (Please e-mail OCCOrcas@gmail.com for instructions)

Paypal ("Send to a Friend" OakhurstOrcasCA@gmail.com)

Venmo (Account Name OakhurstOrcas)

PARENT/GUARDIAN PRINT
NAME

PARENT/GUARDIAN
SIGNATURE

DATE

CONTACT
NUMBER



Oakhurst Country Club Swim Camp/Team (“Club”) Participation Permission, Medical Release and Identification

I/We the undersigned, certify that I/we, am/are the parents or guardians of the below named child/children, that he/she is in good physical condition and I/We give my/our permission for him/her to participate in swim camp.

I/We agree to assume full responsibility for any injuries incurred by him/her in connection with such participation, regardless of the negligence of the club, team coaches, agents, employees or it's' instructors; furthermore, I/We agree to indemnify, hold harmless and defend the Club, it's team coaches, agents, employees and contractors from any claims, suits or liabilities for personal injury or property damage, regardless of the negligence of the Club, its team coaches, agents, employers or contractors.

I/We further authorize Oakhurst Swim Team coaches to call family physician listed below in case of an emergency and request that I/We to be contacted. If I/We am/are unable to be reached I/We hereby authorize the Physician or hospital to whom my child is taken to perform all medical services or to have such medical services performed which in the opinion of the Physician or hospital are necessary to the care of my/our minor child.

Authorization to Consent to Treatment of Minor:

I/We the undersigned, parents of

SWIMMER FIRST NAME	SWIMMER LAST NAME	DATE OF BIRTH	MEDICATIONS	KNOWN ALLERGIES

a minor, do hereby authorize Doctor _____ or Oakhurst Country Club designated Swim Team coaches as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to the above named minor under the general or special supervision and upon the advice of a physician and or surgeon licensed under the provisions of the Medical Practice Act or to an x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to the above named minor by a dentist licensed under the provisions of the Dental Practice Act.

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 on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment and hospital care which aforementioned physician in the exercise of his/her best judgement may deem advisable. This authorization is given pursuant to the provisions of Section 6910 of the Family Code of California. I/We hereby authorize any hospital which has provided treatment of the above named minor pursuant to the provisions of section 6910 of the Family Code of California to surrender physical custody of such minor to my/our above name agents upon the completion of treatment. This authorization is given pursuant to Section 1283 of the Health and Safety Code of California.

PARENT/GUARDIAN PRINT NAME	PARENT/GUARDIAN SIGNATURE	DATE	CONTACT NUMBER
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