

Orange County Riptide Aquatics Masters Trial Waiver

Player and Contact Information

Full Name (Last, First)	Age	Birth date
Primary Email	Cell / Home #	
Alternative Emergency Contact (Last, First)	Cell / Home #	

Medical Information/Waiver

Allergies/Special Health Considerations:

I release OC Riptide Aquatics and individuals from liability in case of accident during activities related to OC Riptide Aquatics, as long as normal safety procedures have been taken.

Signature	Date
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Membership Agreement

I understand the fee obligation of participation beyond the trial week.

Parent's/Guardian's Signature	Date
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