



# REC'ING CREW Registration

ORANGEVALE RECREATION & PARK DISTRICT  
 Phone: 916-988-4373 / Fax: 916-988-3496 / [info@ovparks.com](mailto:info@ovparks.com)

|                         |      |
|-------------------------|------|
| <b>Office Use Only:</b> |      |
| Rec #:                  |      |
| Date:                   | Int: |

| Adult/Guardian Name: |     |     |  |             |                    |                                 |               |                   |          |
|----------------------|-----|-----|--|-------------|--------------------|---------------------------------|---------------|-------------------|----------|
| Address:             |     |     |  |             |                    | City:                           |               | Zip:              |          |
| Home Phone:          |     |     |  | Cell Phone: |                    |                                 |               | Text: Y / N       |          |
| Email Address:       |     |     |  |             |                    |                                 |               |                   |          |
| Participant Name     | M/F | DOB | Swim Ability:<br>Beach only,<br>All Pool,<br>All+Slide | Session(s)  | 5-day or<br>4-day? | 4-day:<br>Day NOT<br>attending? | Shirt<br>Size | Hours:<br>Reg/Ext | Fee      |
| 1.                   |     |     |  |             |                    |                                 |               |                   |          |
| 2.                   |     |     |  |             |                    |                                 |               |                   |          |
| 3.                   |     |     |  |             |                    |                                 |               |                   |          |
| 4.                   |     |     |  |             |                    |                                 |               |                   |          |
| 5.                   |     |     |  |             |                    |                                 |               |                   |          |
| 6.                   |     |     |  |             |                    |                                 |               |                   |          |
| <b>Total Fees:</b>   |     |     |  |             |                    |                                 |               |                   | <b>S</b> |

|               |
|---------------|
| <b>Notes:</b> |
|---------------|

|                              |       |      |
|------------------------------|-------|------|
| Payment Methods: Credit Card | Check | Cash |
| Credit Card #                | CVV:  | Exp: |
| Name on Credit Card (Print)  |       |      |

Participant / Guardian Name (Print) \_\_\_\_\_ Participant / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_