



# SWIM 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	Birthdate	Swim Level & Time	Session(s)	Fee
1.					
(2nd choice)					
2.					
(2nd choice)					
3.					
(2nd choice)					
4.					
(2nd choice)					
5.					
(2nd choice)					
<b>TOTAL FEES:</b>					\$

Notes:

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

**Participant / Guardian Name (Print)**
**Participant / Guardian Signature**
**Date**