

OLIVEHURST PUBLIC UTILITY DISTRICT

Our mission is to provide high quality services to enhance our community's quality of life.

BOARD OF DIRECTORS

Dennise Burbank Lacey Nelson John Floe Mary Jane Griego Marc Perrault



GENERAL MANAGER

John. Tillotson, P.E.

SWIMMING LESSON REGISTRATION 2024

Participant Information

Name: _____ Date of Birth: _____ Age: _____

Parents Name: _____

Address: _____ City: _____ Zip: _____

Phone (cell/home): _____ Email _____

Emergency Contact: _____ Emergency Contact Phone: _____

Please Check Desired Dates and Time**

| Dates: (Monday – Thursday) | 10:30-11:00 | 11:00-11:30 | 5:30-6:00 | 6:00-6:30 |
|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| June 24 – July 05 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| July 08 – July 19 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| July 22 – Aug 02 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

** Swim lessons are free for children 17 and under on a “first come first serve” basis. Completed registration forms will be dated and time stamped upon receipt, to reserve time slots until they are all full. Anyone over the age of 17 who wishes to receive swim lessons will need to turn in a completed registration form and payment to reserve a swim lesson slot. As this is a “first come, first serve” basis we cannot guarantee any specific time slot. Please let us know in the “Additional Information” area below if you have any special needs or if siblings or friends need to be kept together. We will consider these requests and do everything we can to try and accommodate them. Parents of students under 5 may be contacted by First 5 Yuba to complete a survey of the program.

Additional Information: _____

I HEREBY RELEASE AND HOLD HARMLESS OLIVEHURST PUBLIC UTILITY DISTRICT (OPUD) INCLUDING; DIRECTORS, EMPLOYEES, CONSULTANTS AND VOLUNTEERS FROM ANY CLAIM OR LAWSUIT FOR PERSONAL INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH, BY ME, MY FAMILY, ESTATE, HEIRS, OR ASSIGNS, ARISING OUT OF PARTICIPATION IN ACTIVITIES AT THE OPUD SWIMMING FACILITIES, INCLUDING BOTH CLAIMS ARISING DURING THE ACTIVITY AND AFTER I COMPLETE THE ACTIVITY, AND INCLUDING CLAIMS BASED ON NEGLIGENCE OF OTHER PARTICIPANTS OR THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE. I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS LIABILITY RELEASE AND ASSUMPTION OF RISK.

Signature (Parent/Guardian) _____ Date: _____

FOR OFFICIAL USE ONLY: (17 and under fee is waived)

Payment: _____ Cash Check # _____ Fee Waived _____

Swimmer assigned to Session # _____ Time: _____

Contacted Parent _____ Processed By: _____