

## ORANGEVALE RECREATION & PARK DISTRICT

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Office Use Only:						
Rec #:						
Date:	Int:					

PARK DISTRICT								
Adult/Guardian Name:								
Address:		Cit		City:			Zip:	
Cell Phone:		Text: Y / N		<b>-</b>	Home Phone:			
Email Address:		•						
Emergency Contact for Participant:		Relationship to Participant:		Email:				
·	2.45				Pho	Phone:		
Participant Name	M/F	Birthdate	Program Name			Code	T-Shirt Size Fee	
1.								
2.								
3.								
							Total Fees	s:
risk of personal injury, dea acknowledge that I am volunt VIRTUAL CLASS RELEASE: I her and are suitable for participa downloaded, viewed or otherw not responsible for any loss, alt and other property used as par	tarily participe by warrant a stion in the vise obtained teration, corr	pating in this and agree, tha above-refered I through my p uption or othe	activity and the conduction activity ac	nd agree to assu itions of my envi ity. I further un on in said activity	me an ronme idersta is dor	ny such risent are safe and and a ne at my o	sks. e, free from o agree that a wn risk and t	obstructions any materia the District i
PHOTO/VIDEO RELEASE: I und District permission to use any								by grant the
PARENTAL CONSENT: (to be consent that my son(s)/daug and I hereby execute the aborable to participate in said act volunteers, and agents) free a connected in any way with sa	thter(s), ve Agreemei ivity. I hereb and harmles	nt, Waiver, and sy agree to in strom any lo	nd Release demnify a	, participe on his/her behand hold the Dis y, damage, cost	oate i alf. I s trict (	n the abo state that including	ove-reference said minor its officers,	ced activity is physically employees
I HAVE CAREFULLY READ THI AWARE THAT THIS IS A RELEA SIGN IT OF MY FREE WILL.								
Participant / Guardia	n Name (Pr	rint)	Partio	ipant / Guardi	an Sig	gnature		Date
Payment Method	Credit Card	Туре:	Che	eck #:		Amount	t Paid: \$	
Credit Card #:	Credit Card #:		•			CVC #:	Ext	oires:
Name on Credit Card (Print):		<u>-</u>	Sig	Signature:			Da	te: