



# 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.

## Water Safety Class Registration 2026

### Participant Information:

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Parent Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_      Emergency Contact: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Parent Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_      Emergency Contact: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Classes run for *two weeks*, **Monday through Thursday**, and are **30 minutes long**.

On the form, rank your preferred dates and times from 1 (most preferred) to 4 (least).

Time slots are first come, first served and not guaranteed.

Monday–Thursday ~ 8 days in total ~ 30 minutes each session

10:30-11:00

11:00-11:30

5:30-6:00

6:00-6:30

June 29 – July 9

July 13 – July 23

July 27 – Aug 6

Registration is first come, first served. Time slots are assigned in the order completed forms are received. Forms must be submitted directly to office staff for a date and time stamp—submissions to non-staff will not be accepted and will require a new form. Participants 18 and older must submit both a completed form and payment to reserve a spot. We try to honor requests for specific times or groupings (e.g., siblings or friends), but cannot guarantee them. Please list any special needs or preferences in the “Additional Information” section. Children who miss more than two lessons without notifying a swim instructor or pool manager will be removed from the program. Due to limited space, regular attendance is essential. Parents of children 17 and younger may be contacted by First 5 Yuba to complete a brief program survey.

### Additional Information:

**I HEREBY RELEASE AND HOLD HARMLESS OLIVEHURST PUBLIC UTILITY DISTRICT (OPUD), INCLUDING ITS 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. THIS INCLUDES CLAIMS ARISING DURING THE ACTIVITY AND AFTER COMPLETION OF THE ACTIVITY, AND 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 OFFICE USE ONLY:** (6-17 and fee is waived) \$75.00 5 and under and adults

If the section is completed upon arrival by a non-employee member, application must be resubmitted by parent/guardian.

---

**PAYMENT:**

Cash Amount: \$            **OR**     Check Amount: \$    **OR**     Fee Waived:

**SWIMMERS INFO:**

Age: \_\_\_\_\_                      Session Group:    GUPPY        FISHY        TUNA

Other sibling(s) requested: \_\_\_\_\_

---

**WHEN CONTACTING:**

Which Parent / Guardian was Contacted: \_\_\_\_\_

Date Parent was Contacted: \_\_\_\_\_

---

***PLEASE FILL OUT IMMEDIATELY AFTER RECEIVING FROM PARENT***

Date Received Application: \_\_\_\_\_/\_\_\_\_\_/ 2025

Time Received Application: \_\_\_\_\_ : \_\_\_\_\_ ( AM or PM )

Employee Initials: \_\_\_\_\_