

# 2016 Little Spirits Cheerleading

**Grades: K- 5th**

**\$30 in Town limits**

**\$40 out of Town limits**

**\$10 late fee after August 26th**

**Practices times will be TBD. Practicies will be at O.E.S.**

**You will receive a call from a coach!**

**COACHES ARE NEEDED!!! Please call us if you are interested in coaching!**

Parent/s \_\_\_\_\_ Home PH# \_\_\_\_\_ Cell PH# \_\_\_\_\_ OK to Text? Y / N

Mailing Address \_\_\_\_\_

Contact in case of an emergency \_\_\_\_\_ PH# \_\_\_\_\_

Participant	Age	Grade	M/F	Activity	Fee

**Shirt Size:** \_\_\_\_\_

**TOTAL Enclosed \$** \_\_\_\_\_

I, the below signed as an adult or parent of, do hereby release the Olathe Activities Department, its charges, employees, and volunteers, the Olathe Schools and Montrose County School District, the Town of Olathe or its employees from liability for any injuries or damages which may result to myself or my child as a result of the participation of myself or my child in the Olathe Activities Department Program or transportation to and from such programs. Further, the applicant agrees to save and hold harmless the Town of Olathe, its officers, agents, or employees, for any damages or personal injury which may result from activities occurring on the property being used by the Olathe Activities Department.

**PLEASE SIGN HERE** 

Parent/Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Sarah Nicolas**  
**970-323-5601 ext. 25**  
**activities@olatheco.us**

OFFICE USE ONLY	
Amount \$ _____	Date _____
Cash _____	Check # _____