

**OAD 2019 Spring**

# **S** **occer**

**Ages 5-11**

**Registration Fee: \$40 • DEADLINE: MARCH 11th**

**If there are not enough participants or coaches by  
March 11th the division or sport will be cancelled!**

**REGISTER TODAY!!!**

When teams are determined you will be contacted with practice days & times.

Practices will start mid March. Games begin the end of March and run through the first week of May. Games will be played in Olathe as well as Delta, Cedaredge, Hotchkiss and Paonia.

**The OAD Soccer program depends heavily on volunteers. You do NOT need to have great Soccer skills or knowledge, just the desire to help create a safe, fun and enjoyable youth program. Coaches and Assistant Coaches are needed in each age division.**

**WE NEED YOU!!!!**

Become a REFEREE and get paid for your time.

Contact Monique at Olathe Town Hall for more information



For more information call  
970-323-5601 or email  
activities@olatheco.us



Olathe Activities Department  
 PO Box 789 - 419 Horton Ave.  
 Olathe, CO 81425  
 970-323-5601  
 activities@olatheco.us



Parent/s: \_\_\_\_\_ Main PH# \_\_\_\_\_

Cell PH# \_\_\_\_\_ Is it ok to receive text messages: Y / N

Email: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ PH# \_\_\_\_\_

Participant	Age	Birthdate	M/F	Activity	Fee

Picture Release - OAD would like to use your child's photo for promotional info/websites. Please initial if OK!! \_\_\_\_\_

Shirt Size: YXS YS YM YL / AS AM AL AXL

I would be interested in coaching or assistant coaching \_\_\_\_\_

I would be interested in sponsoring a team for \$250: YES / NO

Business name \_\_\_\_\_

Contact person \_\_\_\_\_ Phone # \_\_\_\_\_

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 damage or personal injury which may result from activities occurring on the property being used by the Olathe Activities Department.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please mail or return to :**  
 Olathe Activities Department @ Town Hall  
 NEW - **After Hours Drop Box @ Town Hall**

**Office use only**  
 Amount \$ \_\_\_\_\_ Date \_\_\_\_\_  
 Cash \_\_\_\_\_ Check # \_\_\_\_\_