

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



Parent/s _____ Main PH# _____

Email: _____ Cell PH# _____ Is it ok to receive text messages: Y / N

Mailing Address _____

Emergency Contact other than Parent: _____ PH# _____

Participant	Age	Grade	M/F	Activity	Fee

Picture Release - OAD would like to use your child's photo for promotional info/websites.
 Initial here _____

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

PLEASE SIGN HERE

Parent Signature _____ Date _____

Please mail or return to :

Olathe Activities Department @ Town Hall
 Or the After Hours Drop Box @ Town Hall

Office use only

Amount \$ _____ Date _____

Cash _____ Check # _____