

**2026 City of Olean Youth & Recreation
Summer Program Registration**
(Please email registration to kshewairy@cityofolean.gov)

1. **Child's Name:** _____

Age: _____ **School:** _____

2. **Child's Name:** _____

Age: _____ **School:** _____

3. **Child's Name:** _____

Age: _____ **School:** _____

**If you have more than three children in your immediate family, please list additional names on the back of this form.*

Parent/Legal Guardian Name(s): _____

Address: _____

Phone Number (Daytime): _____ **Email:** _____

Person Responsible During Program Hours *(If different from parent/guardian)*

Name: _____

Relationship to Child: _____ **Phone Number:** _____

Emergency Contact Name: _____

Relationship to Child: _____ **Phone Number:** _____

WAIVER AND SIGNATURE

Release for Participation

(Please read thoroughly before signing.)

My child (children) who will participate in the City of Olean Division of Youth & Recreation Summer Youth Recreation Program hereby has my permission to participate in any and all of the activities of the program during the current season. I assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities. I do further release, absolve, indemnify and hold harmless the City of Olean, its officers and all other participants, facilities and sponsors affiliated with the program. I also do further hereby release, absolve, indemnify and hold harmless the City of Olean and its representatives from any and all public liability and property damage claims arising thereby. I likewise release from responsibility any person transporting my child to and from activities. Furthermore, I understand the City of Olean Division of Youth & Recreation provides supervision of children during scheduled hours of activities/programs only. Furthermore, I do not hold the city of Olean responsible for lost and/or stolen items. I also affirm all information on this registration form is valid. Participants acknowledge that they are aware of an inherent risk of exposure to COVID-19 and other communicable diseases in any public place where people are present. Some diseases are extremely contagious and can lead to severe illness and death. Participant voluntarily assumes all risks to exposure to such communicable diseases and holds City of Olean and all employees, officers, and all other participants harmless to related illnesses or injuries that occur to myself or anyone in my association.

Signature of Parent/Guardian: _____

Date: _____