City of Olean
Division of Youth & Recreation
Fall/Winter Registration Form

Name_____

Address_____

Phone (Home)_____ (Cell)_____

Emergency Contact Number:_____

School_____ Grade_____DOB_____

Does your child have any medical concerns – Yes ☐ No ☐

If yes, please explain

Release for Participation

My child, who will participate in the City of Olean Division of 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 and indemnify and hold harmless the City of Olean, its officers and all other participants in 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 or 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. 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.

Date:_____ Signature of Parent_____

E-MAIL FORM TO kshewairy@cityofolean.gov