

CITY OF OLEAN – ST. JOHN’S FALL/WINTER
PROGRAM REGISTRATION

Child’s Name _____

Grade _____ School _____

Address _____ Phone (Day) _____

City _____ State _____ Zip _____ (Evening) _____

Emergency Contact Person _____

Relation to Child _____ Phone _____

Waiver –

My child, who will participate in the City of Olean St. John’s Fall/Winter 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, 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, Youth & Recreation provides supervision of children during scheduled hours of activities/programs only. I affirm that all information given concerning addresses and phone number are accurate and do not hold the City of Olean responsible for any lost or stolen items.

Signature of Parent _____

Date _____

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