OMS Required Activity Clearance Information

Student Information:	#
Name	Date of Birth/
School Grade	Date of Birth/
Parent's or Guardian's Name	<u> </u>
Telephone	
	161
The following documents can be four 1. Montrose County Guidelines for Ex 2. Warning to parent/guardian-stude 3. Insurance acknowledgement/waive 4. Participation fee information	tracurricular Activities JJJ-R. nt of participation form
understand them, and hereby consent to all that the student whose name appears above is further understood that misinformation p	e had the opportunity to read the listed forms, Il terms and conditions contained therein. I certify we resides with me at the address indicated above. It provided shall result in the student whose name participate in athletics at Olathe Middle/High School
Student SignatureParent Signature	
D .	



Student:	Date of Birth:
named student. In the event of a serious illn accidental injury, I understand that an attenthospital to communicate with me. In the even necessary for the best interest of the above. Ambulance personnel are requested to trans	186 A
T	4 8 X
Signature of Parent or Guardian	Date
Phone numbers where parents can be reach	ned:
Home:Office:	Other:
Family Physician	Phone