

OMS
Required Activity Clearance Information

Student Information:

Name _____ Date of Birth ____/____/____
School _____ Grade _____
Parent's or Guardian's Name _____
Parent's or Guardian's residence _____
Telephone _____

The following documents can be found on OMHS School Athletics Tab

1. Montrose County Guidelines for Extracurricular Activities JJJ-R.
2. Warning to parent/guardian-student of participation form
3. Insurance acknowledgement/waiver information
4. Participation fee information

By signing this document, I state that I have had the opportunity to read the listed forms, understand them, and hereby consent to all terms and conditions contained therein. I certify that the student whose name appears above resides with me at the address indicated above. It is further understood that misinformation provided shall result in the student whose name appears above being declared ineligible to participate in athletics at Olathe Middle/High School.

Student Signature _____
Parent Signature _____
Date _____

