

Mount Snow Child Care 2014/2015 Ski Season



Child's Full Name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age at time Enrolled: \_\_\_\_\_ Date of Enrollment: \_\_\_\_\_

Parent/Guardian (full name): \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Vacation Address: \_\_\_\_\_ If not applicable circle N/A

Email Address: \_\_\_\_\_; \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

Name of Contact Person in case Parent/Guardian can't be reached: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Child's Physician \_\_\_\_\_ Office Phone ( ) \_\_\_\_\_

List anyone, including parents, who will be picking up your child.

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

YES NO

Is your child in good health and free of communicable diseases?

Does your child have proper immunization?

Does your child have a disability that requires special attention? If so, what is required?

What medication does your child take (Mount Snow cannot dispense medication)?

List: \_\_\_\_\_

What allergies does your child have? What if any are your child's special dietary requirements?

List: \_\_\_\_\_

Please list any other identified special needs for your child: \_\_\_\_\_

\_\_\_\_\_

**EXPRESS ASSUMPTION OF RISKS, INDEMNITY AND FORUM SELECTION AGREEMENT**

As a condition of enrolling my child \_\_\_\_\_ in the Mount Snow Child Care Center I freely and willingly accept and voluntarily assume all risk of property damage, personal injury, or death to my child which occurs at the Center and which results from my child's participation in the Center's activities and the inherent risks of such activities. As a parent/guardian of a child enrolling in the Center **I agree to indemnify and hold harmless** Mount Snow Ltd. its owners, employees, and agents (Mount Snow) for claims, awards, and legal expenses arising out of my child's participation in the Center's activities. **I also agree that any claim that I make against Mount Snow shall only be brought in the State of Vermont, under Vermont law.**

**Authorization for Medical Care**

I hereby authorize a childcare provider of Mount Snow Childcare or Mount Snow Rescue staff member to be responsible for my child \_\_\_\_\_, for the purpose of medical attention, including transportation as deemed necessary. I also grant permission for an emergency care provider to examine and treat, hospitalize or secure treatment for my child in the event of an emergency. I understand that despite my permission, medical providers may or may not comply with my wishes.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date