

Mount Snow Child Care 2010/2011 Ski Season



Child's Name _____ Birth date _____ Age _____

Parent/Guardian _____ Enrollment Date _____

Home Address _____ City _____ State _____ Zip _____

Vacation Address _____

Home Phone () _____ Vacation Phone () _____

Emergency Contact _____ Phone () _____

Child's Physician _____ Phone () _____

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

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?

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

List: _____

What allergies does your child have?

List: _____

Please list anything else we should know about 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.**

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date