



SUMMER MINI CAMP REGISTRATION FORM

DATE: _____ Age of Child: _____ Date of Birth: _____

Child's Full Name: _____

Parent's Name(s): _____,

Home Phone: _____ Cell Phone: _____

Home Address: _____ Town: _____ State: _____ Zip: _____

Child's Physician (Name & Phone): _____ Phone _____

Emergency Contacts can NOT be parents or guardians. We need someone else to contact, if we cannot get in touch with you.

Emergency Contact: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Anyone other than parent's authorized to pick up your child?

Anyone who is NOT allowed to pick up your child?

Is your child taking medication? _____ If so, what? _____
(Please fill out a medical form if you wish us to administer ANY medication)

Does your child have any physical or emotional problems? Yes/ No (circle one)

Please Explain:

Does your child has any allergies, please list:

What type of swimmer is your child? Check One

_____ Non Swimmer- must use life jacket at all times

_____ Beginner Swimmer- can swim at times unassisted but needs floatation devices

_____ Expert- Can swim under and above water at all times completely unassisted



THIS APPLICATION CONTAINS A RELEASE AGREEMENT. PLEASE READ CAREFULLY BEFORE SIGNING.

IN CONSIDERATION of Sugarbush Day School's/ Sugarbush Mini Camp agreement to accept my above-named child in their program in reliant promise in accordance with the established fee schedule, the undersigned parent or legal guardian on behalf of myself and child, hereby agree to the terms and conditions as follows:

ASSUME AND ACCEPTS ALL RISKS, which may be associated with or result from my child's participation in said Sugarbush Day School/ Sugarbush Mini Camp program

RELEASES Sugarbush Day School/ Mini Camp Instructors, Sugarbush Resort, Summit Ventures NE, LLC, d/b/a Sugarbush Resort, its owners, partners, and employees from any and all liability for damage, injury, or illness to my child or to any person or property while he/she is in the program, accepting full responsibility myself for any and all such damage or injury of any kind which may result.

AGREES to indemnify and hold harmless the Sugarbush Day School/ Mini Camp Instructors and its agents from and against any liability or damage they may incur as a result of any harm injury or loss which my child may cause, or to which he or she may contribute to any child participating in the Sugarbush Day School Program

I GIVE PERMISSION to the Sugarbush Day School/ Mini Camp Instructors to call a doctor and to transport my child to the Mad River Valley Health Center, or nearest physician in the event of an injury or medical emergency. I give permission to the Sugarbush Day School to apply a sunscreen lotion to my child.

PHOTO AGREEMENT I give permission to the Sugarbush Day School/ Mini Camp Instructors to take photographs of my child for in house use.

I GIVE PERMISSION to the Sugarbush Day School/ Mini Camp Instructors to transport my child, if enrolled in the Preschool, Toddler Program or Mini Camp program on a Sugarbush Resort shuttle/ Mad Bus, which may NOT be equipped with child seats, to and from the ski slopes

I HAVE READ THIS STATEMENT AND UNDERSTAND ALL OF ITS TERMS.

Childs Name: _____

Parents or Guardian's Name _____ *Date* _____

Parent or Guardians Signature _____ *Date* _____