

**2010-11 KILLINGTON FIRST TRACKS & FRIENDLY PENGUIN PROGRAM REGISTRATION FORM****All information is necessary to comply with Vermont State Day Care regulations. (Please print!)**

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Enrollment Date \_\_\_\_\_

Parent/Guardian Name (Mother) \_\_\_\_\_ (Father) \_\_\_\_\_

Vacation Address \_\_\_\_\_ Vacation Phone ( ) \_\_\_\_\_

Home Address \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Email Address \_\_\_\_\_

*Important: If neither phone can be reached in case of emergency, contact: (worldwide)*

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Child's Physician's Name \_\_\_\_\_ Telephone # or City \_\_\_\_\_

Child's Dentist's Name \_\_\_\_\_ Telephone # or City \_\_\_\_\_

Provide names of anyone, including parents, who will be picking up your child: \_\_\_\_\_

\_\_\_\_\_  
Signature \_\_\_\_\_**Security tag or positive identification will be required when picking up the child. (Picture ID required.)****PLEASE NOTE: Parent/guardian or other person picking up the child is solely responsible for collecting any items left with the child.****YES NO** Is your child in good health and free of communicable diseases? If no, please explain: \_\_\_\_\_ **YES NO** Does your child have any allergies, including food allergies? If yes, please explain and note type of reaction and antidote: \_\_\_\_\_ **YES NO** Does your child take any medications? **(We must have a signed parental permission slip in order to dispense medication.)**  
If yes, please explain: \_\_\_\_\_ **YES NO** Does your child have proper immunizations? If no, please explain: \_\_\_\_\_ **YES NO** Does your child have a disability that requires special attention? If yes, please explain: \_\_\_\_\_ 

Please indicate if your child has special toilet or napping habits, special toys, security items, dietary requirements, etc.: \_\_\_\_\_

Is there anything else we should know about your child? Yes No If yes, please explain: \_\_\_\_\_**Killington/Pico Ski & Snowboard School Helmet Policy***(initial)*

\_\_\_\_\_ I have read and understand the Killington/Pico Ski &amp; Snowboard School Policy that all participants 12 years old and younger wear a snowsports helmet.

\_\_\_\_\_ **[OPTIONAL]** As parent/legal guardian for participant child I am voluntarily opting my child out of wearing a helmet during participation in the ski/snowboard school.**Express Acceptance of Risks and Forum Selection Agreement**I am fully aware that young children are frequently injured by falls, play with other children or other causes that cannot be prevented by even the most attentive caregivers or Killington/Pico Ski Resort Partners, LLC. **Recognizing and assuming these inherent risks in my child's participation in this program, I therefore fully accept any and all responsibility for such risks, injuries and damages associated with or resulting from my child's participation in the child care program.**

I understand I do not have to enroll my child in Killington's First Tracks and/or Friendly Penguin program(s) and have decided to do so freely and voluntarily. As a condition of enrolling my child in the program(s), I hereby promise not to sue Killington/Pico Ski Resort Partners, LLC, its owners, employees and agents (hereinafter "Killington Resort &amp; Pico Mountain") from any and all liability for personal injury, death or property damage related to or resulting from my child's participation in this program, including but not limited to condition of the premises, play with other children, operation of the ski area, accidental falls or the acts or omissions of Killington Resort &amp; Pico Mountain's employees, owners and guests.

As a parent/guardian of a child enrolling in the program(s) **I agree to defend, indemnify and hold harmless Killington Resort & Pico Mountain** from any claims, lawsuits, damages, awards, legal expenses including attorney's fees, and settlements that I or my child may have arising out of or related to my child's participation in the program(s) activities, including risks as noted in this Agreement, negligent supervision and the child's presence on Killington Resort and Pico Mountain premises.

If any part of this agreement is determined to be unenforceable, all other parts shall be given full force and effect.

**I further agree that any claim which I may at any time bring for any reason against Killington Resort & Pico Mountain shall be submitted exclusively and solely to the jurisdiction of the State or Federal Courts in the State of Vermont and none other, and shall be governed by the laws of the State of Vermont.****Parent/Guardian Signature:** \_\_\_\_\_**Date:** \_\_\_\_\_**\*\*\*Please be sure you have read and signed both sides of this form.\*\*\***