

KICKING HORSE KIDS CLUB
Registration Form 2017 – 2018
18 Months to under 6 years of age

Child' Name _____

Date of Birth: _____ Male Female

Parent or Guardian Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Onsite Contact Name: _____ Phone #: _____

Emergency Contact (this must be someone that will NOT be with onsite contact):

Name _____ Phone #: _____

Doctor's Name: _____ Phone #: _____

Health Care #: _____ Province: _____

***Any allergies, medical problems, food to avoid?** _____

If so, please explain: _____

Child has all immunizations? Yes No Is child toilet trained? Yes No

What language(s) does your child speak? _____

Does your child nap? Yes No Time: _____

PLEASE INITIAL THE FOLLOWING:

Consent for child to receive ambulance/medical attention if necessary _____

Consent for child's photo to be kept on file in case of emergency _____

I have received a copy of the Kicking Horse Kids Club Guidance Policy and the
Kicking Horse Kids Club Conditions of Release _____

Please fill out the following if your child is signed up for an adventure hour ski lesson:

I give permission for a certified Kicking Horse Mountain Resort instructor to sign
my child out of childcare to take part in ski lessons Initial: _____

Has your child skied before? Yes No

If yes, please describe their ability _____

Anyone who is NOT ALLOWED to have access to the child? Yes No

If yes, Name(s): _____

Authorized person(s) child may be released to:

Name: _____ Name: _____

Phone #: _____ Phone#: _____

Name: _____ Name: _____

Phone #: _____ Phone #: _____

Name: _____ Name: _____

Phone #: _____ Phone #: _____

Additional Information: _____

Date: _____ Signature: _____