



KICKING HORSE KIDS CLUB

Registration Form - 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 and #: _____

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

Name: _____ Phone #: _____

Health Care #: _____ Province: _____

Doctor's Name: _____ Phone #: _____

Physical Description of Child _____

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

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 Naptime: _____

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 _____

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

I give permission for childcare attendants to take my child on the tube park and/or gondola if age and size appropriate _____



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Anyone who is legally 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: _____