



# KICKING HORSE KIDS CLUB

Enrollment Date: \_\_\_\_\_

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:

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Colour: \_\_\_\_\_ Hair Colour: \_\_\_\_\_

**\*Any allergies, medical problems, food to avoid?** Yes  No

If yes, please specify severity, reaction, medication required and any special instructions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_

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

If yes, Name(s): \_\_\_\_\_



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Authorized person(s) child may be released to:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Phone#: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Additional Information:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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 to the playground and/or to the day lodge to pick up lunches if age and size appropriate \_\_\_\_\_

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

Date: \_\_\_\_\_ Signature: \_\_\_\_\_