

TREASURES at Smugglers' Notch Resort

TREASURES (802) 644-1180

Registration Form

CONTACT INFORMATION:

Child's Name: _____ Age: _____ DOB: _____
Parents' Name(s): _____
Home Address: _____ E-mail Address _____
City/State/Zip Code: _____
Condominium #: _____ Extension #: _____ Cell Phone: _____
Names of people allowed to pick up your child: _____
Dates my child will attend: _____

MEDICAL INFORMATION:

Child's Physician: _____ Phone #: _____
Child is up to date on immunizations: YES NO
Allergies: NO YES **IF YES PLEASE FILL OUT ALLERGY FORM**
Medication: NO YES **IF YES PLEASE FILL OUT MEDICATION FORM**
Child's Dentist: _____ Phone #: _____

Permission To apply topical lotions

Provided by TREASURES (circle all that apply)- Sunscreen Aquaphor Desitin Lotion
Provided by Parent- specify brand
Sunscreen _____ Diaper Rash Cream _____ Lotion _____
Other _____ **permission granted for 120 days**

EMERGENCY CONTACT: (not at resort)

Name: _____ Phone #: _____
Complete Address: _____

RELEASE OF LIABILITY

I hereby release *TREASURES*, which is operated by Smugglers' Notch Resort, Inc., its officers and agents, and any other person connected with *TREASURES*, from all liability for any injuries to my child or damages whatsoever arising from his/her attendance at the center.

I give my permission for my child to receive medical attention from medical personnel if needed and give them permission to transfer my child to an appropriate care facility if necessary.

I give permission for my child to participate in walking field trips within the resort.

Parent/Guardian Signature: _____ Date: _____

Other Information: _____

To be completed by TREASURES Staff only

Photo Release Yes No

MEDS

ALLERGY

Reviewed By: _____