



# PlayCare REGISTRATION FORM

Ages: 6 months - 6 years

please print

Today's Date \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's Name \_\_\_\_\_ Gender  M  F Age \_\_\_\_\_

Child's Mailing Address \_\_\_\_\_

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

E-Mail \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Local Address \_\_\_\_\_

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

Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

## Special Information:

Please list any allergies, special diets, medications child is taking, and any other information about your child that attendants should be aware of.

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*Note: Parent or guardian of children enrolled in PlayCare must be on premises while your child is enrolled in programs.*

Please read and sign reverse side of form

For office use only  
Birthday List: \_\_\_\_\_  
Entered by: \_\_\_\_\_

OVER

# PlayCare

## ACKNOWLEDGEMENT OF RISKS, RELEASE OF LIABILITY, AND AUTHORIZATION FOR MEDICAL TREATMENT

I consent to the enrollment of the child listed above in this facility and am aware of the policies regarding fees and the services provided by the facility.

I agree that in case of accident or injury, medical emergency care may be given in the event I or person(s) designated above cannot be reached.

I will provide special information on the reverse side of this registration to assist the facility in caring for this child (diet, habits, important medical information). If there is any change of information, I will bring it to the staff's attention so they can make note of it.

In consideration of my child being accepted into the Hunter Mountain Ski Bowl PlayCare Program, I, being the parent or guardian of the minor, hereby acknowledge and accept the inherent and other risks that may exist. I further release and agree not to sue, regardless of negligence, Hunter Mountain Ski Bowl, Inc., their employees, representatives, assigns, agents and sponsors "(other releases)", on either my own behalf or on behalf of my child, if my child is injured while participating in the Hunter Mountain Ski Bowl PlayCare Program. I further agree to fully indemnify and hold harmless Hunter Mountain Ski Bowl, Inc. and other releases from and against any loss, liability, damage, cost, and expense which Hunter Mountain Ski Bowl, Inc. and other releases may incur or sustain as a result of any claim arising from any personal injury suffered by the named minor, even if it is contended that they were negligent.

This indemnification provision is distinct from and independent of the release provisions. It will apply whether or not the release provisions are held invalid or inapplicable in whole or in part to any claim asserted.

I agree that all disputes under this contract and/or lawsuits arising from use of the facilities at Hunter Mountain shall be litigated exclusively in the Supreme Court of the State of New York, County of Greene, or in the United States District Court for the Northern District of New York.

In the event that the named minor should need medical attention while under the care and supervision of Hunter Mountain Ski Bowl staff, I realize that every attempt will be made to contact me. If all reasonable steps to contact me in time are unsuccessful, I hereby authorize the Ski Patrol, First Aid and their agents and employees to secure appropriate care as needed and I agree to pay for it.

Parent or Guardian will provide, possess, and administer any required medication.

**To whom can this child be released (valid for the 2011-2012 ski season)?** \_\_\_\_\_

THIS CONTRACT WAS READ WITH CARE AND UNDERSTOOD BY THE  
UNDERSIGNED WHOM WAS INFORMED THAT A HUNTER MOUNTAIN EMPLOYEE  
WOULD BE AVAILABLE TO ANSWER ANY QUESTIONS.

Parent/Guardian: I verify that I am the parent or guardian of the minor, and I have the authority to enter into this agreement on behalf of the minor and I agree to be bound by the terms and conditions of this agreement.

Parent/Guardian Name \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

IF ADDRESS IS DIFFERENT THAN CHILD'S:

Parent/Guardian Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone \_\_\_\_\_

For Attendant's Use	Date/Time	Accident or Illness	Attendant's Initials