



PlayCare

2018-2019 REGISTRATION FORM

Today's Date: ____ / ____ / ____

PlayCare Policies and Reminders for Families:

- Reservations are required. Child must be 2 to 6 years of age at time of session; proof may be requested.
- Parents/guardians of children registered for any PlayCare or related Children's Programs must be on premises while their child is enrolled.
- We do not allow peanut butter or peanut products in our facility.
- Please be prompt in picking up your child at the end of their reserved session, and be sure to bring your Pick-Up Tag. Tardiness in picking up child may result in additional fees for subsequent sessions.
- If your child is experiencing any flu-like symptoms, please refrain from bringing them into our program. If they should develop any flu-like symptoms while in our care, our staff will notify you to pick them up.
- There are no refunds once your child is enrolled. Your child can be refused or released from the PlayCare program if they are exhibiting flu-like symptoms, engaging in behavior that may result in harm to themselves or others, or at the discretion of PlayCare management.

Child's Information

Child's Name: _____ Age: _____

Child's Date of Birth: ____ / ____ / ____

Gender: M F

Address: _____

City: _____ State: _____ Zip: _____

Child's Medical/Special Information

Does your child have any allergies, medical, behavior, or social concerns, etc. that we should be aware of? Yes No

*If yes, please describe: _____

Parent or Guardian will provide, possess, and administer any required medication. Yes N/A

This information may be displayed on the child's nametag, ticket, and/or cubby to ensure that any pertinent staff member or emergency responder has accurate, relevant information.

Parent/Guardian Contact Information

Name: _____ Relationship to Child: _____

Cell: (____) - ____ - ____ Home/Local: (____) - ____ - ____

E-Mail Address: _____

Note: A parent or guardian of children participating in Children's Programs must be on premises while your child is enrolled in programs. *I will be: Skiing Base Lodge KMC Lodging

****Please read and sign the release on the reverse side of this form.***



ACKNOWLEDGEMENT OF RISKS, RELEASE OF LIABILITY, FORUM SELECTION and AUTHORIZATION FOR MEDICAL TREATMENT

I consent to the enrollment of the child listed below in this facility, and am aware of the policies regarding fees and services provided by the facility. I understand that there are no refunds once my child is enrolled. I understand that my child can be refused or released from the PlayCare program if they are exhibiting flu-like symptoms, engaging in behavior that may result in harm to themselves or others, or at the discretion of the Hunter Mountain Ski Bowl PlayCare Program management.

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

I have read, reviewed, and I understand the **"WARNING TO SKIERS"** posted at Ticket Sales locations. *I understand that there are inherent risks in the sports of skiing and snowboarding, including variations in terrain or weather conditions, surface or subsurface snow, ice, bare spots or areas of thin cover, moguls, ruts, bumps, other persons using the facilities, rocks, forest growth, debris, branches, trees, roots, stumps, or other natural or man-made objects that are incidental to the provision of maintenance of a ski and snowboard facility in New York State. All further references to skiers and skiing shall include snowboarders and snowboarding.*

In addition, beginner skiers almost by definition are unable to ski under control to the extent that more experienced skiers are, and because our ski school program is provided on various terrain that includes beginner terrain, the risk of collision or other problems posed by other beginner skiers, whether in ski school classes or not, is a risk of our program.

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 exist in the sport of skiing as outlined above. I AGREE TO RELEASE AND HOLD HARMLESS **Hunter Mountain Ski Bowl, Inc., Hunter Mountain Acquisition, Inc., Peak Resorts, Inc.,** (Collectively as **"RELEASEES"**) THEIR OWNERS, AFFILIATES, SUBSIDIARIES, EMPLOYEES AND AGENTS AND ALL OF THEIR OFFICERS AND DIRECTORS AND THE EQUIPMENT MANUFACTURERS AND DISTRIBUTORS AND THEIR SUCCESSORS "(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.

**THIS CONTRACT WAS READ WITH CARE AND UNDERSTOOD
(SIGN ONLY IF YOU AGREE TO BE BOUND BY THIS AGREEMENT!)**

As Parent/Guardian: I verify that I am the parent/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. I understand that Children's Programs are non-refundable once my child has been enrolled.

Print Name of Parent/Guardian: _____

Signature: X _____ **Date:** ____/____/____

To whom can this child be released for 2018-2019 season, other than yourself?

Name: _____ Relationship? Spouse Friend Sibling over 18

Additional Contact Phone Number: (____) - ____ - _____