

Sunday River Day Care Medical Information

Child 1: _____ Age: _____ D.O.B. _____

Child 2: _____ Age: _____ D.O.B. _____

Mother's Name: _____ Father's Name: _____

Address: _____

State/Province _____ Zip/Postal Code: _____

E-mail: _____

Home Phone: _____ Cell Phone: _____

Local address: (on/off mountain): _____

Local Phone: _____

In case of an emergency, please give the name of a family member or friend who can be contacted **(other than someone vacationing with you):**

_____ Relationship: _____ Phone : _____

Does the child have any Allergies? (food or otherwise)

Does the child have any Medical concerns?

Is there anything we should know about your child's development that will help us to give your child quality care?

Is your child up to date with immunizations? ____ YES ____ NO

Is your child free of communicable diseases? ____ YES ____ NO

I hereby give my permission for staff to seek medical care in the event on an emergency.

Signed: _____ Witness: _____

(A Daycare staff member must witness this form)

Day Care Acknowledgement, Consent and Release

Please read carefully before signing

Registrant's Name (child): _____ Age: _____

1. The registrant above named enrolls in the Day Care Program at Sunday River Ski Resort hereinafter referred to as owner, subject to the rules and regulations determined by the owner and its agents.
2. The Registrant acknowledges that inherent danger and risk of personal injury involved in the activities of the owner, and assumes any and all risk of personal injury in the enrollment and activities.
3. The Registrant covenants not to sue and releases the owner and any other sponsors or agents from liability arising out of personal injury, wherein the personal injury was a result of an activity conducted as part of the usual activity of the owner. The owner assumes no responsibility for activities undertaken by the Registrant without proper supervision and guidance.
4. The Registrant agrees that in the event of a claim being made against the owner for personal injury that notice of said claim is made to the owner by Registered mail within 90 days of said personal injury. Failure on part of the registrant to deliver said notice shall constitute waiver of the Registrant's right to commence a lawsuit under the laws of the State of Maine or any other jurisdiction.
5. The Registrant acknowledges that the provisions of this Acknowledgement, Consent and Release shall be binding upon the registrant, his heirs, executors, administrators and assigns, and shall be governed by the laws of The State of Maine, and that the terms of this document shall be admissible in the evidence as a binding legal agreement between the Registrant and Owner. The Registrant acknowledges that if a Court determines that part of this document is inadmissible that the remaining paragraphs shall remain in full force and effect.

Registrant's Parent or Guardian's Signature: _____

Witness: _____ Date: _____

(A day care staff member must witness this form)