



2019-2020 CUBS CHILD CARE REGISTRATION

Child Name _____	Age _____	Birth date _____
Parent/Guardian Name _____	Birth date _____	
Local Address _____	Local Phone # _____	
Home Address _____	Home Phone # _____	
Email Address _____		

Emergency Contact: *What person do we contact in case of an emergency when the parent/guardian is unavailable? This person does not have to be a local or in Vermont.*

****State Licensing Regulations require two (2) non-parental contacts****

Name _____ Relationship _____

Address _____ Phone # _____

Name _____ Relationship _____

Address _____ Phone # _____

Pick-up: *What additional person has written permission from the admitting parent/guardian to pick up this child?*

Name _____ Relationship _____

Address _____ Phone # _____

Physician Name _____ Phone # _____

Does your child have any specific needs or allergies we should know about? **Yes** **No**

(If Yes, please describe allergy, reaction and/or procedure to follow in case of reaction)

Are your child's immunizations up-to-date? **Yes** **No**

In order for teachers to provide the best possible experience at Cubs Child Care, it is important to know if your child has any emotional or physical difficulties. **Yes** **No**

(If Yes, please describe)

I grant Stowe Mountain Resort and its employees/agents permission to act in my stead in the event that my child is injured and/or requires medical attention, and may consent to and/or provide such care. **Yes** **No**

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Cubs Child Information Sheet

Child's Name: _____

Date of Birth: _____

Today's Date: _____

Cell Phone: _____

Scheduled Days: _____

Please CIRCLE What Best Suits Your Child:

Does your child have any allergies ☐ No ☐ Yes Allergic to: _____

Can your child go outside?	No	Yes
Can your child go outside?		

What does your child drink?	Water	Milk	Formula	Breast Milk
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

What does your child eat?	Finger Food	Puree/Baby Cereal	No food
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Does your child use?	Potty	Pull-ups	Diapers
Yes	1	1	1
No	1	1	1

Do you use ointment? No Yes (must provide your own)

Do you use sunscreen? No Yes (must provide your own)

Additional Information:

What soothes your child? Does your child use a special comfort item?

Instructions on how you put your child to sleep? Do they prefer a mat or a crib?

Any other useful information? Has your child attended a day care before today's visit? Any special needs?

Please Complete If You Have An Infant:

How many ounces per bottle? _____

Number of Bottles per day _____

Times to give bottles? _____

Temperature of bottles?	Heated	Room Temperature	Cold
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Temperature of baby food?	Heated	Room Temperature	Cold
1. Baby's preference	10	10	10
2. Baby's health	10	10	10
3. Baby's digestion	10	10	10
4. Baby's behavior	10	10	10
5. Baby's growth	10	10	10
6. Baby's sleep	10	10	10
7. Baby's mood	10	10	10
8. Baby's appetite	10	10	10
9. Baby's energy	10	10	10
10. Baby's overall well-being	10	10	10

Times to feed? _____

Nap Times? _____

**DAY CARE AND CHILDREN'S CENTER
RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS & INDEMNITY AGREEMENT**

WARNING: PLEASE READ CAREFULLY BEFORE SIGNING!
**THIS IS A RELEASE OF LIABILITY & WAIVER OF CERTAIN LEGAL RIGHTS
INCLUDING THE RIGHT TO SUE OR CLAIM COMPENSATION**

1. I, THE UNDERSIGNED, AM OVER 18 (US) or 19 (Canada) AND THE PARENT OR LEGAL GUARDIAN OF EACH MINOR/INFANT NAMED BELOW (each "my child"). I have the right to make decisions concerning the care, custody, and control of each minor/infant. I understand that activities in ski school and daycare, including riding the lifts, swimming, snowplay and using the ski area facilities and other children's facilities for any purpose ("Activities") **MAY INVOLVE THE RISK OF PHYSICAL INJURY AND/OR DEATH.**

2. I expressly **ASSUME ALL RISKS** associated with my child's participation in the Activities, including, but not limited to, risks associated with: marked and unmarked obstacles; surfaces covered with ice and snow; inclement weather; high altitude; wildlife encounters; interactions with other children; playing, eating and/or sleeping in a child care environment and sharing facilities with others; exposure to allergens; taking field trips and leaving the premises through various means of transport. I recognize that injuries are a common and ordinary occurrence during child care activities. I have been informed and understand all rules and regulations of my child's participation in the Activities. **RECOGNIZING THESE RISKS, I VOLUNTARILY CHOOSE TO ALLOW MY CHILD TO PARTICIPATE IN THE ACTIVITIES.**

3. In consideration for allowing my child to participate in the Activities, I **AGREE**, to the greatest extent permitted by law, **TO WAIVE ANY AND ALL CLAIMS AGAINST AND TO HOLD HARMLESS, RELEASE, INDEMNIFY, AND AGREE NOT TO SUE** Vail Resorts, Inc., The Vail Corporation, Trimont Land Company, Heavenly Valley, Limited Partnership, VR US Holdings, Inc., VR US Holdings II, LLC, VR CPC Holdings, Inc., VR NE Holdings, LLC, VR NW Holdings, Inc., Whistler Blackcomb Holdings Inc., Blackcomb Skiing Enterprises Limited Partnership, Whistler Mountain Resort Limited Partnership, each of their affiliated companies and subsidiaries, the resort owner/operator, land owner, activity operator, the equipment manufacturer, The Burton Corporation, Beaver Creek Resort Company, the United States, Her Majesty The Queen In Right Of The Province Of British Columbia and all their respective insurance companies, successors in interest, commercial & corporate sponsors, affiliates, agents, employees, representatives, assignees, officers, directors, and shareholders (each a "Released Party") **FOR ANY INJURY, INCLUDING DEATH, LOSS, PROPERTY DAMAGE OR EXPENSE, WHICH I OR MY CHILD MAY SUFFER, ARISING IN WHOLE OR IN PART OUT OF MY CHILD'S PARTICIPATION IN THE ACTIVITY, INCLUDING, BUT NOT LIMITED TO, THOSE CLAIMS BASED ON ANY RELEASED PARTY'S ALLEGED OR ACTUAL NEGLIGENCE OR BREACH OF ANY CONTRACT AND/OR EXPRESS OR IMPLIED WARRANTY OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, INCLUDING IN BRITISH COLUMBIA ANY DUTY OF CARE UNDER THE OCCUPIERS LIABILITY ACT. I UNDERSTAND THAT NEGLIGENCE INCLUDES FAILURE ON THE PART OF ANY RELEASED PARTY TO TAKE REASONABLE STEPS TO SAFEGUARD OR PROTECT AGAINST THE RISKS, DANGERS AND HAZARDS OF THE ACTIVITY.**

In further consideration for allowing my child to participate in the Activities, I **FURTHER RELEASE AND GIVE UP ANY AND ALL CLAIMS AND RIGHTS THAT I MAY NOW HAVE AGAINST ANY RELEASED PARTY AND UNDERSTAND THIS RELEASES ALL CLAIMS, INCLUDING THOSE OF WHICH I AM NOT AWARE, THOSE NOT MENTIONED IN THIS RELEASE AND THOSE RESULTING FROM ANYTHING WHICH HAS HAPPENED UP TO NOW.**

4. I **ALSO AGREE TO PAY ALL COSTS, INCLUDING ATTORNEYS' FEES, INCURRED BY ANY RELEASED PARTY IN DEFENDING AN INVESTIGATION, CLAIM OR LAWSUIT BROUGHT BY OR ON MY CHILD'S BEHALF WHETHER ARISING IN WHOLE OR IN PART FROM PARTICIPATION IN ANY ACTIVITY OR FROM ANY MISREPRESENTATIONS OR FRAUDULENT EXECUTION OF THIS AGREEMENT.**

5. My child is in good health and has no special problems associated with his or her condition. I **authorize a licensed medical care provider to carry out any emergency medical care which may be necessary and agree to be fully responsible for any associated costs.**

6. I agree that any and all claims for loss, injury and/or death arising from my child's participation in the Activities shall be governed by the law of the State or Province where the alleged incident occurred and that exclusive jurisdiction of any such claim shall be in a court of competent jurisdiction in the in the State or Province where the alleged incident occurred, except that all cases arising out of an alleged incident at Heavenly Mountain shall be governed by California law and the exclusive jurisdiction of any such claim will be a California court of competent jurisdiction.

7. I acknowledge that I am also signing this release on behalf of my child, that I am **WAIVING CERTAIN RIGHTS ON BEHALF OF MY CHILD** that my child may otherwise have, and that **MY CHILD SHALL BE BOUND BY ALL THE TERMS OF THIS RELEASE.**

8. I understand that **this Agreement will apply for each and every day my child participates in any Activity during the applicable operating season.** I understand that this Agreement is a contract and, to the fullest extent permitted by law, shall be binding on me and my assignees, subrogors, distributors, heirs, next of kin, executors and personal representatives. If any part of this Agreement is deemed to be unenforceable, the remaining terms shall be an enforceable contract between the parties.

MINOR / INFANT PARTICIPANT INFORMATION - Requires Parent/Guardian to Complete, Sign & Date Below

MINOR / INFANT #1 – Last Name, First Name, M.I. (please print) AGE

MINOR / INFANT #1 – SPECIAL INSTRUCTIONS: _____

MINOR / INFANT #2 – Last Name, First Name, M.I. (please print) AGE

MINOR / INFANT #2 – SPECIAL INSTRUCTIONS: _____

MINOR / INFANT #3 – Last Name, First Name, M.I. (please print) AGE

MINOR / INFANT #3 – SPECIAL INSTRUCTIONS: _____

MINOR / INFANT #4 – Last Name, First Name, M.I. (please print) AGE

MINOR / INFANT #4 – SPECIAL INSTRUCTIONS: _____

ADDITIONAL SPECIAL INSTRUCTIONS: _____

PARENT / LEGAL GUARDIAN INFORMATION – Required to Complete, Sign & Date Below

LAST NAME, FIRST NAME, M.I. (please print)

ADDRESS – Street Address/Mailing Address, City, State/Province, Zip/Postal Code (please print)

DATE OF BIRTH (MM-DD-YYYY) PHONE NUMBER

EMERGENCY CONTACT RELATION PHONE NUMBER

E-MAIL ADDRESS (Give us your email address to receive snow alerts, resort news, exclusive offers & more.)

**I AM AWARE THAT I AM RELEASING CERTAIN LEGAL RIGHTS THAT I, AND/OR MY CHILD, MAY OTHERWISE HAVE INCLUDING
THE RIGHT TO SUE OR CLAIM COMPENSATION**

X

Signature of Parent / Legal Guardian

Date