

## KINDERKAMP 2018/2019 REGISTRATION

Child's Name: \_\_\_\_\_ Child's DOB: \_\_\_\_\_ Child's Age: \_\_\_\_\_  
Parent's Name(s): \_\_\_\_\_ E mail: \_\_\_\_\_  
Address: \_\_\_\_\_  
(city) (state) (zip)  
Will Parent be Skiing? Yes No Cell Phone: \_\_\_\_\_

Others authorized to pick up child and whom we may contact in an emergency (must show ID):		
1. _____	Relationship: _____	Phone: _____
2. _____	Relationship: _____	Phone: _____
3. _____	Relationship: _____	Phone: _____

**ALLERGIES:** \_\_\_\_\_

**Medications:** \_\_\_\_\_

**Special Instructions:** \_\_\_\_\_

**Physical, emotional or learning disabilities:** \_\_\_\_\_

Is your child toilet trained? Yes  No  Child has: \_\_\_ diapers \_\_\_ Pull-ups \_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ All breast feeding mothers will call the KinderKamp every two hours, beginning two hours after the child has been dropped off. This is to ensure the comfort of the child, as well as to maintain a calm setting in the daycare. KinderKamp is happy to provide a private environment, if desired

<b>EMERGENCY MEDICAL RELEASE</b>	
In the event the above named child is injured or ill, I understand that the caregiver will attempt to contact me. If I am not available, I give permission to the caregiver to provide first aid for the child and to take appropriate measures including emergency medical services and arranging for transport to the nearest medical facility.	
Signature: _____	Date: _____

### KINDERKAMP – ILLNESS POLICY

**For the protection of the children and staff, KinderKamp has adopted the following illness policy.**

**Please read and initial each of the following guidelines:**

Children will be visually screened as they arrive at KinderKamp. If the child exhibits signs of illness, it will be determined if the symptoms indicate the need for exclusion until remedied. The symptoms for exclusion are as follows:

- \_\_\_\_\_ A child who is acting sick, and has a fever equal to or **higher than 99°**.
- \_\_\_\_\_ Uncontrolled **diarrhea** that is not contained by the diaper.
- \_\_\_\_\_ **Vomiting 2** or more times in the previous 24 hours unless the vomiting is determined to be due to a non-communicable condition and the child is not in danger of dehydration.
- \_\_\_\_\_ Signs or symptoms of possible severe illness such as unusual **lethargy, uncontrollable coughing, irritability, persistent crying, difficulty breathing, wheezing or other unusual signs.**
- \_\_\_\_\_ Certain bacterial infections (**Strep Throat, Impetigo, Conjunctivitis (Pink Eye), Ear infections**). The child should be treated with antibiotics for at least 24 hours before attending KinderKamp.
- \_\_\_\_\_ **Head lice** or other infestations until 24 hours after treatment has been administered.
- \_\_\_\_\_ **Chicken pox**- until 6 days after onset/ rash/ or until all sores have dried and crusted.
- \_\_\_\_\_ **Pertussis**- until 5 days of appropriate treatment has been completed.
- \_\_\_\_\_ **Nose secretion**-no color ranging from green to yellow, only clear is acceptable.
- \_\_\_\_\_ **Hand-Foot-Mouth disease**- contagious for first week of illness, and up to two week once symptoms are gone.

*I have read and understand the above illness policy, and agree to adhere to the guidelines.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# CHILDREN’S CENTER & SNOWSPORTS SCHOOL RELEASE

I understand that my child will be participating in a variety of activities which may include but are not limited to crafts, indoor play, snow play, skiing, riding a conveyor/ surface lift, riding a chairlift and other recreational activities. I understand my child may ride the lift alone, with another child or with an adult other than his coach. I understand that there are inherent risks in these activities and I give my permission for my child to participate in Schweitzer Children’s programs and Snowsports School programs. I understand that some of these are High Active Sport activities and that persons who have bad backs, necks, shoulders, broken bones, heart or lung problems, or other conditions should not participate in these activities.

If I authorize Schweitzer Children’s Center to transfer my child from the Day Care program to Schweitzer Snowsports School, I understand that while my child is part of the Snowsports School program, **they will be supervised by a qualified ski instructor and not a qualified day care teacher within the daycare license.**

I expressly assume the risk of and legal responsibility for any injury to person or property that results from participation in the sport of skiing or snowboarding including any injury caused by the following, all whether above or below snow surface: variations in terrain; any movement of snow including, but not limited to, slides, sloughs or avalanches; any depths of snow, including tree wells, or any accumulations of snow, whether natural or man-made, including snowmaking mounds; freestyle terrain; surface or subsurface snow or ice conditions; bare spots, rocks, trees, other forms of forest growth or debris, lift towers and components thereof; utility poles, and snowmaking and snowgrooming equipment which is plainly visible or plainly marked. I AGREE TO RELEASE, INDEMNIFY, AND HOLD HARMLESS SCHWEITZER MOUNTAIN SKI OPERATIONS LLC, SCHWEITZER MOUNTAIN FACILITIES LLC, SCHWEITZER MOUNTAIN LLC, SCHWEITZER MOUNTAIN REALESTATE LLC, (“SCHWEITZER”), AND THEIR OWNERS AND AGENTS, LANDOWNERS AND AFFILIATED COMPANIES AND EMPLOYEES from all claims for any cause, including negligence, which arises out of participation in skiing, snowboarding and all related activities; including, but not limited to, Schweitzer Snowsports School programs, Children’s Center programs and travel to and from Schweitzer Mountain, or travel to and from Schweitzer Snowsports School or Children’s Center.

If I am signing on behalf of a minor, I accept full responsibility for all medical expenses incurred as a result of the minor’s participation in indoor play, snow play, skiing, snowboarding and all related activities, including Schweitzer Snowsports School programs, Children’s Center programs and/or travel to and from Schweitzer Mountain. I also agree to HOLD HARMLESS AND INDEMNIFY Schweitzer Snowsports School, Schweitzer Children’s Center and Schweitzer for any claims including negligence brought by or on behalf of the minor.

I understand that this is a RELEASE OF LIABILITY that will legally PREVENT me or any other person from filing suit or making any legal claim for damages in the event of death or any injury. I nevertheless enter into this agreement freely and voluntarily and agree that it is binding upon me, my heirs, assigns and legal representatives. I CONTRACTUALLY AGREE that ALL claims for injury and/or death shall be GOVERNED BY IDAHO STATE LAW and EXCLUSIVE JURISDICTION shall be in the District Court residing where the alleged incident occurred or in Federal Court for the State of Idaho. I nevertheless enter into this agreement freely and voluntarily and agree that it is binding upon me, my heirs, assigns and legal representatives.

In case of an emergency if I cannot be reached, Schweitzer has my permission to obtain any medical and/or First Aid treatment necessary for my child, and I agree to be financially responsible for any medical services deemed necessary.

I agree that if any portion of this agreement is held to be invalid, the remaining terms shall continue to be in full force and effect. This agreement shall be binding upon any other persons, including my heirs, assigns, and representatives. This release is intended to be a comprehensive Release of Liability to the fullest extent allowed by law.

I hereby grant Schweitzer Mountain Resort, their representatives or assigns (including any agency, client, partner or publication) irrevocable permission to publish photographs of me. These images may be published in any manner, including websites, newsletters, advertising, periodicals and publications of any sort. Furthermore, I will hold harmless Schweitzer Mountain Resort, their representatives and assigns from any liability, by virtue of blurring, distortion or alteration that may occur in producing the finished product, unless it can be proven that such blurring, distortion or alteration was done with malicious intent to me.

\_\_\_\_ Check here if you do NOT wish to agree to the photo release portion of this waiver. Please give a brief physical description:

Printed Child’s Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Printed Parent/ Guardian’s Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contact Name/ Phone Number (on Hill): \_\_\_\_\_/ \_\_\_\_\_

Date: \_\_\_\_\_

**Parent/ Guardian Signature**