

# Seasonal Junior School

Please complete one form, per child, per season, and bring to Junior Ski School Registration the first day your child skis with us. Children must be **4 yrs old** to participate in Little Cub.

Child's name: \_\_\_\_\_ Child's age: \_\_\_\_\_

My Child is in  Little Cub  Big Cub

Child's Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Height: \_\_\_\_ ft. \_\_\_\_ in. Weight: \_\_\_\_ lbs.

Please list any: Medications: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Drug Allergies \_\_\_\_\_

Special Conditions \_\_\_\_\_

Parents' or Legal Guardians' names: \_\_\_\_\_

Local accommodations: \_\_\_\_\_ Local phone number: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**NOTE:** If your child has special dietary requirements, you are welcome to pack a special lunch, however, due to a common allergy, please don't send peanut butter, nut products or food processed near nuts.

I, the undersigned parent/ guardian, authorize the Stratton Junior Ski School to obtain medical aid in case of illness or injury, and to have equipment adjusted by an authorized technician if necessary. A responsible adult who is authorized to pick up my child and who knows the assigned Security ID number will be at the mountain at all times. I attest that all information is correct at this time. I authorize the Stratton Junior School to charge lift tickets and rentals if my child does not have their pass or equipment.

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## PLEASE PRINT CLEARLY. Thank you!

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Child Questionnaire: My Favorite Food(s): \_\_\_\_\_

Favorite Book: \_\_\_\_\_ Favorite Animal: \_\_\_\_\_

Favorite Hobby: \_\_\_\_\_ Favorite Trail at Stratton: \_\_\_\_\_

Favorite Athlete: \_\_\_\_\_ Favorite Sports Team: \_\_\_\_\_