

  **Seasonal Junior School 09-10**  

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: _____

Motorola radio channel: _____ Cell: _____

*Best Way to Contact in an Emergency: _____

Emergency Contact not at mountain: _____ Telephone: _____

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: _____