



# Little Cub/ Big Cub Registration Form

Children must be **4 YEARS OLD** to participate in Little Cub.

**\*\*\* Please: No Peanuts, Peanut Products, or Chocolate Allowed \*\*\***

Child's LAST NAME: \_\_\_\_\_

First Name: : \_\_\_\_\_ Age \_\_\_\_ \_\_\_\_\_ Age \_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_ \_\_\_\_\_ Age \_\_\_\_

Please list any: Medications, Food Allergies, and Special Conditions: (please notify us verbally of the details):  
\_\_\_\_\_  
\_\_\_\_\_

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

Local phone number: \_\_\_\_\_ Cell phone number: \_\_\_\_\_

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 must be at the mountain at all times. Little cub pickup requires a green security ID card. I attest that all information is correct at this time. **I authorize Stratton to charge the Credit Card on file, if it is found that we have not purchased the needed lift ticket, rentals or lessons any day that my child is in the program.**

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

**PLEASE PRINT CLEARLY. Thank you!**

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