



Full	Half/
Ski	Snowboard
#	
I	
<input type="radio"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Kids Adventure Camp Registration

Childs Name _____ Age ____ Birth Date _____ M / F

Parent/ Guardian Names _____

Mailing Address _____

Home Phone _____ Cell _____

Who will be picking up the child? _____

At least one parent must remain on the resort during the entire time of the child's stay.

Please select lunch option (only available to FULL DAY participants): ___ Cheese Pizza___ Grilled Ham & Cheese ___ Chicken Finger

**If your child has dietary restrictions please provide snacks as needed*

Please check one of the following:

___ I give permission or ___ do not give permission for Ragged Mtn. Staff to photograph my child. Photos may be used in promotional materials for the mountain.

Medical History

Has your child had any operations or serious injuries in the past year? YES / NO

Please explain _____

Does your child have any chronic or recurring illness/medical conditions? YES / NO

Please explain _____

Does your child have any dietary restrictions? YES / NO

Please explain _____

Does your child have any allergies (food, environment, or medicine)? YES / NO

Please explain _____

Is your child currently taking any medications? YES / NO

Please explain _____

Does your child have any physical limitations that may limit or prevent their participation in today's activities? YES / NO

Please explain _____

Has your child experienced any of the following in the past year?

___Frequent Ear Infections ___Heart Condition/Disease ___Seizures/Epilepsy ___Diabetes ___Asthma ___Bleeding/Clotting Disorders ___Hypertension

___Lyme Disease ___Chicken Pox ___Measles ___German Measles ___Mumps

Please explain _____
