



10 Week Seasonal Cruiser Program REGISTRATION

Child's Name _____ Age _____ Date of Birth _____ M / F

Parent/Guardian Name _____

Mailing Address _____

Email Address _____

Home phone _____ Cell Phone _____

Who will be picking up the child? _____

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

PLEASE CHECK ONE OF THE FOLLOWING:

I DO ___ DO NOT ___ give permission for Ragged Mountain staff to photograph my child. Photos may be used in promotional materials for the mountain.

Has your child had any operations or serious injuries in the past year? Yes / No

If yes please explain _____

Does your child have any chronic or recurring illness/medical conditions? Yes / No

If yes please explain _____

Does your child have any dietary restrictions? Yes / No

If yes please explain _____

Does your child have any allergies (food, environment, or medication)? Yes / No

If yes please explain _____

Is your child currently taking any medication? Yes / No

If yes please explain _____

Does your child have any physical limitations that may limit or prevent their participation on any day? Yes / No

If yes please explain _____

Has your child experienced any of the following in the past year? ___ Frequent ear infections ___ Diabetes
___ Heart condition ___ Seizures/epilepsy ___ Asthma ___ Bleeding/clotting disorder ___ Hypertention ___ Mumps
___ Measles ___ German measles ___ Chicken pox ___ Lyme disease ___ COVID-19 Symptoms

If yes, please explain _____

Parent/Guardian signature _____ Date _____