



RAGGED MOUNTAIN

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

If yes please explain \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_