

MILO Mighty Mites Ski Program Registration Form (3 - 5 years)

One Form Per Family Per Season

DO **NOT** FILL IN THIS FORM FOR KIDS KLUB (6 - 14 YEARS)

Please note you must accompany your child DAILY to the Big D to register them for a place in the MILO Mighty Mites Program between 8.30 – 9.30am.

Date of Enrolment: ___ / ___ / 2010

Child/ren Details:

| | FULL NAME | AGE | DOB |
|---------|-----------|-----|-----|
| Child 1 | | | |
| Child 2 | | | |
| Child 3 | | | |

Parent/ Guardian Details:

| PARENT / GUARDIAN 1 | PARENT / GUARDIAN 2 |
|---|---|
| NAME: | NAME: |
| HOME ADDRESS: | HOME ADDRESS: SAME AS PARENT 1 OR: |
| HOME PHONE: | HOME PHONE: SAME AS PARENT 1 OR: |
| MOBILE: | MOBILE: |
| LANGUAGE SPOKEN AT HOME: | LANGUAGE SPOKEN AT HOME: |
| DOES THE CHILD/REN LIVE WITH THIS PERSON? | DOES THE CHILD/REN LIVE WITH THIS PERSON? |

Are there any **court orders** relating to the child/ren? Y / N Please circle .If yes please attach documentation.

Emergency Contact Details:

(This person may be located off-mountain, and will be contacted in the case of accident/ illness IF YOU CANNOT BE CONTACTED)

| | |
|----------|---|
| NAME: | RELATIONSHIP TO CHILD: |
| ADDRESS: | IS THIS PERSON LOCATED ON THE MOUNTAIN? |
| PHONE: | MOBILE: |

Other persons authorised to collect your child/ren:

| | |
|----------|------------------------|
| NAME: | RELATIONSHIP TO CHILD: |
| ADDRESS: | PHONE/ MOBILE: |



Health & Medical Information:

Name of Doctor/ Medical Centre:

Mt Hotham Medical Centre
Great Alpine Road Hotham Heights
5759 3551

OR

Other _____

Please tick and provide details to the following questions for each child:

(Please keep consistency with order of children when completing the form)

| | YES/NO | NAME | DETAILS |
|--|--------|------|---------|
| HAS BEHAVIOURAL ISSUES OR SPECIAL NEEDS | 1 | Y/N | |
| | 2 | Y/N | |
| | 3 | Y/N | |
| HAS ALLERGIES/ SENSITIVITIES/ DIETARY RESTRICTIONS | 1 | Y/N | |
| | 2 | Y/N | |
| | 3 | Y/N | |
| ANY MEDICAL CONDITIONS | 1 | Y/N | |
| | 2 | Y/N | |
| | 3 | Y/N | |
| CURRENTLY ON MEDICATIONS | 1 | Y/N | |
| | 2 | Y/N | |
| | 3 | Y/N | |
| HAS BEEN ILL IN THE PREVIOUS 48 HOURS | 1 | Y/N | |
| | 2 | Y/N | |
| | 3 | Y/N | |
| IMMUNISED AS PER SCHEDULE | 1 | Y/N | |
| | 2 | Y/N | |
| | 3 | Y/N | |

Conditions of Entry to Kids Snowzone & Consent to Emergency Medical Treatment:

I, _____ a person with lawful authority of the child/ren referred to in this enrolment form:

- Consent to the staff of MHSC seeking, or where appropriate, administering, such emergency medical treatment as is necessary and that I will re-imburse any necessary expenses incurred by MHSC;
- Declare that the information in this enrolment form is true and correct and undertake to immediately inform Mount Hotham Skiing Company (MHSC) in the event of any change to this information.
- Understand that I am obliged to remain contactable by keeping my mobile phone switched **on** while my child/ren is in the care of Hotham Kids Snowzone.
- Understand that my contact details may be used by MHSC to communicate with me about any relevant changes to our ski programs;
- Agree to allow my child/ren to be photographed or videoed participating in the Kids Snowzone activities; Photo's and videos may be used by Mount Hotham or Nestle for promotional or advertising purposes..
- Understand that this is a learn-to-ski program, and that staff will utilize all techniques and avenues available to fully encourage participation, but should my child/ren refuse to participate I may be required to collect my child/ren as soon as is practicable.
- Agree to collect or make arrangements for the collection of the child/ren referred to in this enrolment form if he/she becomes unwell, emotionally distressed, or refuses to participate in the Kids Snowzone Program;
- Authorize MHSC staff, in the event the child/ren's ski equipment may fail, to rent other ski equipment for the child/ren; I agree to re-imburse MHSC for costs associated with such rental equipment;
- Understand that by filling in this form, and/or purchasing a Kids Snowzone ticket, I have not reserved, booked, or otherwise guaranteed a place in the Mighty Mites program, and that I must be present at the Big D DAILY between 8.30am and 9.30am to register my child/ren to take part in the Mighty Mites Program.**

I have carefully read the above agreement and sign it with full knowledge of its significance and I am at least 18 years of age.

Signature of Parent/Guardian

____/____/____
Date