



Seasonal Camp Registration

**Day of the Week** (Please circle a day): **Sat / Sun**

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ M/F

Parent/Guardian Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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 check one of the following:**

I give permission or  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

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 medication)? YES/NO

Please explain \_\_\_\_\_

Is your child currently taking any medication? YES/NO

Please explain \_\_\_\_\_

Does your child have any physical limitations that may limit or prevent their participation on 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 Disorder  Hypertension  Lyme Disease  Chicken Pox  Measles  German Measles  Mumps

Please explain \_\_\_\_\_

Parent/ Guardian Signature \_\_\_\_\_