

# 2008 Kids' Adventure Club Registration

Parent or Legal Guardian's name: \_\_\_\_\_

P.O. Box # or Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Email: \_\_\_\_\_

**\*\*Please circle the days that you would like your child to attend for each month. \*\* One registration packet per child.**

Child's full name: \_\_\_\_\_ Age: \_\_\_\_\_ Entering grade: \_\_\_\_\_

JUNE 2008					JULY 2008					AUGUST 2008				
M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F
9	10	11	12	13		1	2	3	No Camp	4	5	6	7	8
16	17	18	19	20	7	8	9	10	11	11	12	13	14	15
23	24	25	26	27	14	15	16	17	18	18	19	20	21	22
30					21	22	23	24	25	25	26	27	28	29
					28	29	30	31	1					

Camp T-shirt @ \$10 each: please circle size: 2-4 6-8 10-12 14-16

Quantity: \_\_\_\_\_

Intrawest respects your privacy. Any personal information we collect is used only to develop products, services and offers, communicate with our customers and complete the transactions that ultimately deliver our products and services to you. Your personal information is not shared, without your consent, with third parties for the purpose of marketing or selling their products or services. For more information, please go to [www.steamboat.com](http://www.steamboat.com).

## Kids' Adventure Club Information 2008

Date: \_\_\_\_\_

Health/Recreation Pool Member: Yes No (Please Circle)

Child's full name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Going into grade: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Mother (or guardian): \_\_\_\_\_

Mother's cell: \_\_\_\_\_

Mother's place of work: \_\_\_\_\_

Work address: \_\_\_\_\_ phone: \_\_\_\_\_

Father (or guardian): \_\_\_\_\_

Father's cell: \_\_\_\_\_

Father's place of work: \_\_\_\_\_

Work address: \_\_\_\_\_ phone: \_\_\_\_\_

**Marital status of parents:**

Married: \_\_\_\_\_ Separated: \_\_\_\_\_ Divorced: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

## Child profile

Is there anything special (ie: behavioral concerns or control methods, dietary restrictions, etc.) that we need to know about your child that would assist us in providing him/her the best care?

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## Child's General Health

Does your child require any special attention, routines or medication that may have to be taken into consideration in planning for his/her time at camp?

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Child's Name: \_\_\_\_\_



Child's Name: \_\_\_\_\_

### **Payment Agreement/Credit Card Authorization:**

All camper registrations must be guaranteed with a credit card. This card is maintained in your file and will only be charged in the following situations:

- I choose to participate in the automatic payment plan where my card will be charge for the month's tuition on the first day of the month.  
Please initial: yes \_\_\_\_\_ no \_\_\_\_\_
  
- I plan to pay by another method each month, however I understand that my credit card will be charged for the month if my account is not current by the 5<sup>th</sup> of each month.

Credit Card #: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Cardholder name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Steamboat Kids' Adventure Club

### WARNING, ASSUMPTION OF RISK, RELEASE OF LIABILITY, AND INDEMNIFICATION AGREEMENT

PLEASE READ CAREFULLY BEFORE SIGNING. THIS IS A CONTRACT CONTAINING A WARNING, ASSUMPTION OF RISK, RELEASE OF LIABILITY, HOLD HARMLESS, INDEMNIFICATION AGREEMENT, AND WAIVER OF CERTAIN LEGAL RIGHTS

The undersigned (hereinafter "I" or "Me") being at least 18 years of age hereby represent that I am the parent or legal guardian of the child (hereinafter referred to as "Child") named below and that I have the right to make decisions concerning the care, control and custody of the Child. I warrant that the Child does not have any communicable diseases (including the flu, strep throat, measles, chicken pox or the common cold) and that the Child meets all immunization requirements appropriate for his/her age, and I promise that I will report any exposure of the Child to any communicable disease to a supervising employee of the Steamboat Kids' Adventure Club (the "Club"). The Club takes precaution to provide a reasonably safe and healthy environment however I understand that the Club cannot protect my Child from all diseases or illnesses and I accept the risks of illness and disease associated with participation in the Club. **I understand that the Child will not be permitted to participate in any Activity unless this Warning, Assumption of Risk, Release of Liability, Hold Harmless and Indemnity Agreement (the "Agreement") is fully executed.**

**I AGREE THAT THIS FULL AND COMPLETE RELEASE OF LIABILITY AND INDEMNITY AGREEMENT AND CONSENT WILL APPLY FOR EACH AND EVERY DAY CHILD ENGAGES IN A CLUB ACTIVITY WITHOUT REQUIRING ME TO SIGN AN ADDITIONAL FORM FOR EACH DAY AND/OR EACH ACTIVITY UNTIL I REVOKE IT IN WRITING AND THAT WRITING IS ACCEPTED IN WRITING, SIGNED BY THE CLUBS AUTHORIZED REPRESENTATIVE. I ACKNOWLEDGE AND UNDERSTAND THAT BY SIGNING THIS AGREEMENT I FOR MYSELF AND ON BEHALF OF CHILD AM ASSUMING RISKS, WAIVING RIGHTS AND RELEASING CLAIMS IN ADDITION TO THOSE ADDRESSED BY COLORADO LAW.**

#### WARNING

**Under Colorado Law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to section 13-21-119, Colorado Revised Statutes.**

I acknowledge and understand that playing, swimming, rock climbing, canoeing, gymnastics, walking trips, horseback riding, mountain biking, BMX, hiking, boating, rafting, tubing, kayaking, alpine sliding, martial arts, and related transportation (collectively the "Activities" and individually an "Activity") involve **RISK OF SERIOUS INJURY AND EVEN DEATH**. I grant permission for the Child to participate in all Club Activities. Such dangers and risks of Activities include, without limitation, rapidly changing weather conditions, exposure to the sun, hail and lightning, reduced oxygen in the air at high altitudes, dehydration, steep slopes, uneven terrain, loose rocks and gravel, and potentially slippery conditions. I recognize that falls occur and injuries are a common and ordinary occurrence during participation in the Activities and generally in a mountainous environment. I acknowledge that these Activities will be regular activities at the Club and that if I want to know the specific date, time and location of a particular Activity, I may call and request information.

**I acknowledge and agree that HORSEBACK RIDING is a HAZARDOUS activity that involves risks inherent to horseback riding or other equine activities which include but are not limited to falls from the horse, the propensity of the animal to behave in ways that may result in injury, harm, disability or death to persons on or around them, the unpredictability of the animal's reaction to such things as sounds, sudden movement, and unfamiliar objects, persons, or other animals, uneven or unexpected surface and subsurface conditions, collisions with other animals or objects, and the potential of another rider or the Child acting in a manner that may contribute to injury to the Child or others, such as failing to maintain control over the animal or not acting within his or her ability. I recognize that injuries are a common and ordinary occurrence of participation in the Activity. I agree that to reduce the risk of injury or death the Child will wear a helmet at all times while horseback riding and that Child will follow carefully all instructions on the safe and proper use of the equipment and handling of the animal involved and that I will ask questions and request instructions so that the proper and safe handling of the animal and function and use of all equipment rented or otherwise made available to Child is clear to and understood by the Child before the Activity is undertaken. I agree to accept "as is" the equipment provided to the Child and accept full responsibility for its care and will pay for any loss or damage, other than reasonable wear, resulting from its use.**

I recognize, for myself and the Child, that these Activities involve risk of injury, known and unknown, inherent or otherwise. I am enrolling the Child with knowledge of these risks and expressly agree to assume all risks on my behalf and on behalf of the Child. I understand, for myself and the Child, that some of these Activities necessitate transportation of the Child (whether by the Club or by another individual or entity at the Club's request) to or from the site of the Activity, and I authorize such transportation of the Child. Further, I consent to and authorize the use and reproduction for any purpose and without compensation, of all videotape recordings and photographs taken of the Child while in the care of the Club. I consent to the occasional rainy day viewing by the Child of appropriate videotapes while in the Care of the Club. Further, I consent to the application to the Child of provided sunscreen while in the care of the Club.

**By signing this Agreement, I on my own behalf, and on behalf of Child acknowledge the risks associated with the Activities and as a condition to Child engaging in the Activities I and Child agree to (1) ASSUME ANY AND ALL RISK OF INJURY OR**

DEATH to the Child while or as a result of participating in any Activity; (2) RELEASE, HOLD HARMLESS AND NOT SUE OR MAKE ANY CLAIMS OR FILE ANY ACTIONS against Steamboat Ski & Resort Corp., Intrawest US Holdings, Inc., the United States, any Activity Sponsor, any operator of any venue where an Activity takes place, their insurance carriers, subsidiaries, affiliates, officers, directors, representatives, assignees, employees, volunteers agents, and any equipment manufacturers and distributors, (herein after refereed to collectively as "Indemnified Parties") that are based on or that result from, in whole or in part, Child's participation in the Activity and (3) INDEMNIFY and DEFEND THE INDEMNIFIED PARTIES FROM ANY LIABILITY, claims, demands, actions, and causes of actions whatsoever arising out of or related to any loss, damage or injury, including death, that may be sustained by Me or Child or caused to others or their property by Child while participating in any Activity, including, but not limited, to those injuries and damages caused by the negligence and/or breach of warranty, express or implied, on the part of the Indemnified Parties. I agree to pay all costs including attorney's fees incurred by any Indemnified Party in defending a claim or suit brought by or on behalf of Child.

I further authorize the Club, at the discretion of any supervising employee, to obtain medical care for the Child and/or transport or arrange to transport him/her to an appropriate clinic or hospital if medical attention appears to be necessary. I understand that the Club will make a conscientious effort to locate me in the event of such an emergency but, if it is not reasonably possibly to locate Me, I further authorize a licensed physician, dentist or other medical provider to carry out any emergency care of the Child. I agree to pay all costs associated with such medical treatment and related transportation for the Child. I understand that furnishing of medical care is neither an admission nor an assumption of liability by the Indemnified Parties.

I AGREE that any and all dispute between myself and any Indemnified Party arising from the Child's participation in Club and Activities or use of equipment, including any claim for personal injury or death will be **GOVERNED BY THE LAWS OF THE STATE OF COLORADO AND THE EXCLUSIVE JURISDICTION** thereof will be in the Routt County District Court or in the United States District Court for the District of Colorado. I agree that this Agreement shall be binding to the fullest extent permitted by the law on Me and the Child and that if any part of this Agreement is deemed unenforceable that the remainder shall be an enforceable contract between Me, the Child and Indemnified Parties. This Agreement shall be binding upon the Child's and my assignees subrogers, distributors, heirs, next of kin, executors and personal representatives. **I acknowledge that without this Agreement my Child would not be permitted to stay in or participate in the Club or any of the Activities.**

I HAVE CAREFULLY READ THE FOREGOING AGREEMENT AND UNDERSTAND ITS CONTENTS. I AM AWARE THAT I AM RELEASING CERTAIN LEGAL RIGHTS THAT OTHERWISE MAY EXIST.

Please print the child's name (the "Child"): \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name of Parent/Guardian:** \_\_\_\_\_

**Kids' Adventure Club**  
**Camper Emergency Form**

Child's name: \_\_\_\_\_

Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Entering Grade: \_\_\_\_\_

Any known allergies? NO / YES (if yes complete below)

Allergy: \_\_\_\_\_

Reaction: \_\_\_\_\_

\_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

Health Insurance Company/Carrier: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_

Individual Policy Number: \_\_\_\_\_

Group Policy Number: \_\_\_\_\_

Persons Authorized to Pick Up or contact in an emergency:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## Steamboat Kids' Adventure Club Health Care Summary

*Please have child's physician complete this form and return to KAC on the child's first day of camp or fax to 970-871-5262 (Attn: Matt Patterson).*

Name of Child: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/s or Guardian: \_\_\_\_\_

Date of last physical exam: \_\_\_\_\_

How long have you been seeing this child? \_\_\_\_\_

How frequently do you see this child when he/she is not ill? \_\_\_\_\_

Does this child have any allergies? (Include allergy medication): \_\_\_\_\_

Is a modified diet necessary? \_\_\_\_\_

Does this child have any condition that might result in an emergency? \_\_\_\_\_

What is the status of the child's vision? \_\_\_\_\_

hearing? \_\_\_\_\_

speech? \_\_\_\_\_

List below any important health problems. Indicate if you or someone else is following the child for the problem and check which problems require special attention at the center.

<u>Health/Developmental concern</u>	<u>Followed by whom</u>	<u>Requires special attention</u>

Other information helpful to the Steamboat Kids' Adventure Club:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Physician's Print Name: \_\_\_\_\_

Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_

***Please include immunization records with the health care summary.***

## Kids' Adventure Club Registration Packet Checklist

**\*Please make sure the following are completed in your registration packet:**

Check off:

- Camp attendance days circled for each child
- KAC Information Form for each child
- Payment Agreement/Credit card Authorization filled out completely!
- KAC Health Care Summary (signed by physician) for each child
- Immunization Card (signed by physician) for each child
- KAC Release form (signed by parent/legal guardian) for each child
- Alpine Slide release form (Routt Scouts only)
- KAC Camper Emergency Form for each child
- \$25 registration fee/camper

\$50 deposit (will be credited toward 1<sup>st</sup> month's camp invoice per camp).

**\*Note: Registration and Deposits are non-refundable**

*\*Return ON or **before** the 1<sup>st</sup> day of camp or drop off at the Will Call desk of the Ticket Office. You must return the Health Care Summary and Immunization Records on or before the day your child starts camp. Our State Licensing Agent investigates this.*

Or you can mail the registration packet to:

Steamboat Ski and Resort Corp  
Kids' Adventure Club  
2305 Mt. Werner Circle  
Steamboat Springs, CO 80487  
kac@steamboat.com