



Camp Gokemo 2009 Information Sheet – Please complete PRIOR to check-in

Child's Full Name: _____
Date of Birth: ___/___/___ **Age: (years/months):** _____
Parent(s) Full Names: _____
Home Address: _____
City, State, Zip: _____
Home Telephone: (____) _____
Cell Phones: (____) _____ (____) _____
Where are you staying locally: _____ **Local Phone:** _____
.....

Name, address and telephone number(s) of a responsible adult to contact if you cannot be reached:

Name: _____
Address: _____
City, State, Zip: _____ **Phone: (____)** _____

Please provide the name and telephone number of your child's health care provider:

Name: _____ **Phone: (____)** _____

Please describe your child's health history:

Current medications: _____
Allergies (Please complete Allergy Form): _____
Special Dietary Requirements: _____
Any identified special need(s): _____

Person (other than yourself) authorized to pick up your child (must be over age 18, photo ID may be required)

Full Name: _____
Address: _____
City, State, Zip: _____ **Phone: (____)** _____
.....

Day Camp Contract and Express Assumption of Risk

Participation in Children's Center activities, including swimming, hiking and other activities involves risk of injury or damages. I HEREBY AGREE TO RELEASE FROM ANY AND ALL LEGAL LIABILITY AND AGREE NOT TO SUE OR MAKE A CLAIM AGAINST, AND TO INDEMNIFY AND HOLD HARMLESS Okemo Mountain Resort and all of their owners, officers, members, affiliated organizations, agents and employees for any and all claims for damage, injuries, death to said minor child or any person or property caused by or resulting from said minor child's attendance and participation in activities at the Okemo Mountain Camp Gokemo, Ludlow, Vermont, whether such costs, damage, injury or death resulted from any cause, including but not limited to negligence on the part of Okemo, its owners, officers, members, affiliated organizations, agents or employees.

I hereby attest to the fact that my child has had all of his/her immunizations required to date and is free from communicable diseases. In the event that my child becomes ill or injured, I authorize emergency medical care and give permission to contact a physician on my behalf.

[] I hereby refuse to authorize Okemo photographer (including clients, purchaser, agencies and periodicals or other printed matter and their editors) to use my child's photograph in conjunction with our name(s) (or fictitious name) for sale to or reproduction in any medium the photographer or his designees see fit for purposes of advertising display, audiovisual exhibition, or editorial use.

I agree that if any portion of this agreement is determined to be unenforceable by a court of law, all other parts of the agreement shall remain in full force and effect. I further agree that any claim I may bring, or bring on behalf of said minor child, against Okemo Mountain Resort shall be litigated exclusively

in the Superior Court of Windsor County, or the U.S. District Court for the District of Vermont. I further agree that only the laws of the state of Vermont shall apply in the construction or application of this agreement.

I, the parent or guardian, understand that my child will be swimming on premises under the watchful eye of staff and with a certified lifeguard on duty.

I, the undersigned, have read and understand this contract.

I verify that I am the parent or guardian of the minor, and I have the authority to enter into this agreement on behalf of the participant and I agree to be bound the terms and conditions of this contract.

Parent Name (PRINT) _____ Date: _____

Signature: _____