

OKEMO CHILDREN'S PROGRAMS

Guest Registration Form - Please complete PRIOR to check-in



OKEMO MOUNTAIN RESORT · 111 JACKSON GORE ROAD, LUDLOW, VT 05149 · PHONE: 802-228-1441 · WWW.OKEMO.COM

Child's Full Name: _____ Date of Birth: ____/____/____

Age (years/months): _____ Home Language: _____

Parent(s) Full Names: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: (____) _____ Cell Phone 1: (____) _____

Where you are staying locally: _____ Cell Phone 2: (____) _____

Names, addresses, and phone numbers of two responsible adults (other than the child's guardians) to contact if you cannot be reached:

Full Name: _____ Full Name: _____

Phone: (____) _____ Phone: (____) _____

Address: _____ Address: _____

City: _____ City: _____

State: _____ Zip: _____ State: _____ Zip: _____

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

Full Name: _____ Phone: (____) _____

Address: _____

City: _____ State: _____ Zip: _____

Please provide a complete health history for your child:

Health Care Provider: _____ Phone: (____) _____

Dental Provider: _____ Phone: (____) _____

Current medications: _____

Allergies (Please complete Allergy Form): _____

Special Dietary Requirements: _____

Any identified special need(s): _____

Please initial next to the following statements to agree:

_____ 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 or the Ski Patrol on my behalf. In the event that transportation to a medical facility is necessary, I authorize Okemo Mountain Resort to arrange transportation for my child.

_____ If my child becomes sick or ill during their stay, I agree to pick up my child as soon as possible.

_____ PHOTO RELEASE: Occasionally Okemo may have photographs taken of Penguin Playground for use in digital and printed media. By initialing, I grant the rights for the usage of such photographs to Okemo Mountain Resort.

_____ FOR CAMP GOKEMO AND KIDS NIGHT OUT ONLY: I give by child permission to participate in any swimming activities while they are enrolled in the program.

Parent/Guardian Name (PRINT): _____ Date: _____

Signed: _____