<u>LIABILITY WAIVER</u> (one child per form)
Mountain Top

MT Summer Camp   License: 1511321   Enrollment Date: ___/___/_____ ____ (initial)

Child's Name: _____ Birthdate: _____ Age: _____

Home Address:_____
            Street   city   state   zip
Local/Mailing Address:_____
 (if applicable)   Street   city   state   zip

Parent/Guardian's Name. Please include all: _____

Cell Number: _____ Cell Number: _____

E-mail(s)_____
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Carefully read the following authorization and
Indemnification agreement and release form from liability

I, _____(parent/legal guardian) give permission for_____(child/student)
to participate in activities and trips as part of the class in which he/she is enrolled. If the child is not to participate in
any specific activities please inform a director or supervisor.   _____(initial)

I give permission for my child's likeness, voice, and/or work to be photographed, videotaped, or recorded during events,
classes, or activities for use in publications, media, advertising, or annual reports of the MT, without compensation. I
give permission for other parents to photograph my child as part of classes, events or activities.   _____(initial)

 I understand that my signature on this form releases the MT, its agents and employees from all liability at the above-
mentioned events, programs, performances or activities.   _____(initial)

Medical Authorization and Indemnification Agreement

I further authorize the Mountain Top, at the discretion of any supervising employee, to obtain medical care for the Child
and/or transport or arrange to arrange to transport him/her to the appropriate clinic or hospital if medical attention
appears to be necessary. I understand that MT will make an effort to locate me in the event of such an emergency, but
if it is not possible to locate me, I further authorize a licensed physician, dentist, or other medical care provider to carry
out any emergency medical care of my child. I agree to pay all costs associated with such medical treatment and
related transportation for my child.

I give permission for Mountain Top employees to apply sunscreen on my child.   _____(initial)

Parent/Guardian Signature:

_____   Date:_____

INFORMATION FORM ~ Mountain Top
(one child per form)

Child's Name: _____

How long has your child been at this altitude? _____

PARENT INFORMATION:

Mother's / Guardian's Name: _____

Mother's Employer: _____ Work Number:_____

Employer's Address: _____

Father's / Guardian's Name: _____

Father's Employer: _____ Work Number:_____

Employer's Address: _____

Special Instructions as to how the parents or guardians can be reached during camp hours:

_____

AUTHORIZED PERSONS ALLOWED TO PICK UP CHILD, not parents / guardians, include EVERYONE who may pick your child up.

Name: _____ Relation: _____

Phone Number 1: _____ Phone Number 2: _____

Name: _____ Relation: _____

Phone Number 1: _____ Phone Number 2: _____

EMERGENCY CONTACTS, (NOT a parent & do not need to be in summit county, is REQUIRED).

Name: _____ Relation: _____

Phone Number 1: _____ Phone Number 2: _____

Address:_____

Name: _____ Relation: _____

Phone Number 1: _____ Phone Number 2: _____

Address:_____

ADDITIONAL INFORMATION (optional)

Any special needs or concerns:

_____

_____

_____

STATEMENT OF HEALTH STATUS (one child per form)
Mountain Top

The child care program must obtain for every child who enrolls in child care programs a signed and dated statement of the child's current health status which indicates the child's abilities and/or limitations to participate in a regularly scheduled child care program. Updated yearly.
This statement is best filled out by a licensed physician or other health professional who has seen the child in the last twelve months; however a parent / guardian may fill out to the best of their ability.

Child's Name: _____ Sex: _____ Date of Birth: _____

Address: _____

Surgery/Accidents/Illnesses/Chronic Health Problems**:**
_____
_____

Describe any condition(s) requiring the facility's special attention, use back of page if needed:
_____
_____
_____

Special Diet Required: _____
Known **Intolerances**: _____
Known Drug Reactions: _____
Allergies (**please ask for additional paperwork, Required**):
_____
Medication(s) being taken: _____
Date most recent examination (**Required**) : _____

Required (we have local #'s and address on file if needed)**:**
Physician Name: _____ Phone # _____
        Address: _____
Dentist Name: _____ Phone # _____
        Address: _____
Hospital of Choice: _____ Phone # _____
        Address: _____

_____   _____
Signature of licensed physician or other health care professional (optional)   Date

_____   _____
Parent / Guardian Signature   Date

POLICY SIGN OFF SHEET (one child per form)
Mountain Top

Child's Name: _____

I understand that ALL my child(ren)'s paperwork is due on the first day of enrollment:
- Liability Waiver
- Information Form
- Medical Statement. Allergies & Other health concerns may require further paperwork
- Copy of Immunization Card / or Waiver
- This Policy Sign off Sheet   Initial ____

I understand that cancellations need to be made 1 week prior to date enrolled
to receive a full refund.   Initial ____

I understand that there are no Sick days or Make up days.   Initial ____

I understand that if I sign my child(ren) up after 5:30pm the night before and there is availability, that I will be charged.
　　　　　Local: Drop-in rate of $55/child. Guest: TBD.
                                                                       Initial ____

I understand that payments are due at the beginning of each month, that my deposit/down payment is applied to my child(ren)'s last month of attendance,
AND that a payment by check or cash is preferred.
(If this is not possible please let us know ASAP and we will work with you).
                                                                       Initial ____

I understand that pick up time is by 6:00pm and that I can be charged a late fee. $1 / minute / child.
(Please call ASAP and do not be a repeat offender to avoid this charge).
                                                                       Initial ____

I have read and agree to the MT's Parent Policies and Procedures.
                                                                       Initial ____
I understand that MT may take my child on Summit County's public transportation for field trips that I sign them up for or any other given day I send my child to camp.
                                                                       Initial ___

Parent/Guardian Signature:_____
Date: _____