



Kidz Zone Registration Form 2021-2022

Child's First and Last Name: _____

Child's Date of Birth (dd/mm/yy): _____

Home Address: _____

City and Province: _____

Postal Code: _____

Any known allergies, medications, medical conditions or special conditions:

Only the persons listed below will be authorized to pick up the child listed above from the Kidz Zone. All persons listed must be over the age of 18 years.

Primary Contact First and Last Name: _____

Relationship to Child: _____

Cell Phone Number: _____

Secondary Contact First and Last Name: _____

Relationship to Child: _____

Cell Phone Number: _____

Alternative Contact First and Last Name: _____

Relationship to Child: _____

Cell Phone Number: _____

Emergency Medical Release

I hereby give permission that my child, _____, may be given emergency First Aid treatment by a Mansfield Ski Club employee or Ski Patrol. I also give permission for my child to be transported by ambulance to an emergency centre for treatment, and agree to hold Mansfield Ski Club, and it's employees, harmless.

Parent or Guadian's Name (Print Clearly) _____

Parent or Guadian's Signature _____

Current Date (dd/mm/yy) _____

Witness (Print Clearly) _____