



MIGHTY MITES ENROLMENT FORM

Please complete ONE ENROLMENT FORM per child (aged 3-5 years) per season

PLEASE COMPLETE ALL SECTIONS

Date: _____

INFORMATION ABOUT THE CHILD

CHILD'S NAME: _____ AGE: _____ DOB: ____/____/____

1ST PARENT/GUARDIAN NAME: _____

HOME ADDRESS: _____

Number and Street

City _____ State _____ Postcode _____

HOME PHONE: _____ MOBILE PHONE: _____

2ND PARENT/GUARDIAN NAME: _____

HOME ADDRESS: _____

Number and Street

City _____ State _____ Postcode _____

HOME PHONE: _____ MOBILE PHONE: _____

LANGUAGE SPOKEN AT HOME: _____

HOLIDAY ADDRESS: _____

ROOM/APT NUMBER: _____ PHONE: _____

COURT ORDERS

ARE THERE ANY COURT ORDERS RELATING TO THE POWERS AND RESPONSIBILITIES IN RELATION TO THE CHILD OR ACCESS TO THE CHILD? **YES NO** (please circle)

IF YES – you will need to provide documentation.

EMERGENCY CONTACTS: this person can be **on or off** the mountain.

PLEASE ELECT ANOTHER PERSON WHO CAN ACCEPT RESPONSIBILITY IN THE EVENT THAT THE CHILD HAS AN ILLNESS/ACCIDENT, AND THE PARENT/GUARDIAN **CANNOT BE CONTACTED:**

NAME: _____

ADDRESS: _____

Number and Street

City _____ State _____ Postcode _____

HOME PHONE: _____ MOBILE PHONE: _____

RELATIONSHIP TO CHILD: _____

IS THIS PERSON IN YOUR SKIING PARTY: **YES NO** (please circle)

OTHER PERSONS AUTHORISED TO COLLECT CHILD, IN THE EVENT THAT THE PARENT/GUARDIAN IS **UNABLE TO:**

NAME: _____

PHONE: _____ RELATIONSHIP TO CHILD: _____

MEDICAL AND HEALTH INFORMATION

NAME OF DOCTOR/MEDICAL SERVICE: _____

ADDRESS: _____

Number and Street

City _____ State _____ Postcode _____

PHONE: _____

DOES YOUR CHILD HAVE ANY OF THE FOLLOWING: (please circle)

- ☉ BEHAVIOURAL ISSUES OR SPECIAL NEED? **YES NO**
 If yes, please give details _____
- ☉ ALLERGY/SENSITIVITY/DIETRY RESTRICTIONS? **YES NO**
 If yes, please give details _____
- ☉ MEDICAL CONDITIONS? Eg Asthma, epilepsy, diabetes? **YES NO**
 If yes, please give details _____
- ☉ IS YOUR CHILD ON ANY MEDICATION AT PRESENT? **YES NO**
 If yes, please give details _____
- ☉ HAS YOUR CHILD BEEN ILL IN THE LAST 48 HOURS? **YES NO**
 If yes, please give details _____
- ☉ HAS YOUR CHILD BEEN IMMUNISED? **YES NO**
 If yes, please attach a copy of the child's immunization records...or complete the table below:

<i>immunisation</i>	<i>birth</i>	<i>2mth</i>	<i>4mth</i>	<i>6mth</i>	<i>12mth</i>	<i>18mth</i>	<i>4year</i>
<i>hepatitis b</i>							
<i>diphtheria/tetanus/ pertussis</i>							
<i>polio</i>							
<i>hib</i>							
<i>pneumoccal</i>							
<i>measles/ mumps/ rubella</i>							
<i>varicella (chicken pox)</i>							
<i>meningococcal c</i>							

**CONDITIONS OF ENTRY TO KIDS SNOWZONE AND CONSENT TO
EMERGENCY MEDICAL TREATMENT**

I, _____ a person with lawful authority of the child referred to in this
Print Full Name
 enrolment form,

- declare that the information in this enrolment form is true and correct and undertake to immediately inform Mount Hotham Skiing Company (MHSC) in the event of any change to this information.
- understand that this is a learn-to-ski program, and that staff will utilize all techniques and avenues available to fully encourage participation, but should my child refuse to participate I may be required to collect my child as soon as is practicable.
- understand that I am to remain contactable by keeping my mobile phone switched on.
- agree to collect or make arrangements for the collection of the child referred to in this enrolment form if he/she becomes unwell, emotionally distressed, or refuses to participate at the Kids Snowzone Program;
- consent to the staff of MHSC seeking, or where appropriate, administering, such emergency medical treatment as is necessary and that I will re-imburse any necessary expenses incurred by MHSC;
- I authorize MHSC staff, in the event the child's ski equipment may fail, to rent other ski equipment for the child; I agree to re-imburse MHSC for costs associated with such rental equipment;
- I understand that my personal details may be used for marketing purposes by MHSC and it's related businesses only;
- I agree to allow my child to be photographed or videoed participating in the Kids Snowzone activities; Photo's and videos may be used by Mount Hotham or Nestle for promotional or advertising purposes.

I have carefully read the above agreement and sign it with full knowledge of it's significance: I am at least 18 years of age.

 Signature of Parent/Guardian

____/____/____
 Date