



• let traditions begin •

Child's Name: _____

Child's Age: _____

Child's Date of Birth: ____ / ____ / ____

Child's Height: ____ ft ____ in

Child's Weight: _____ lbs

Please list any medications: _____

Food Allergies: _____

Drug Allergies: _____

Special Conditions: _____

Parents'/Legal Guardians' Names: _____

Best way to contact you in case of an emergency: _____

Cell Phone Number (if different than above): _____

Name of persons child can be released to: _____

I, the undersigned parent/guardian, authorize Echo Mountain Ski & Ride School to obtain medical aid in case of illness or injury, and to have equipment adjusted by an authorized technician if necessary. A responsible adult who is authorized to pick up my child will be at the mountain at all times. I attest that all information is correct at this time. I authorize Echo to charge the credit card on file, if it is found that we have not purchased the needed lift ticket, rentals or lessons any day that my child is in the program.

Signature: _____

Date: ____ / ____ / ____