



Sundance Playschool T:250.578.5474
E: sportschool@sunpeaksresort.com

Sundance Playschool Registration Form

Today's Date:
*Please note this form is for multiple children

Child #1

Dates Required:

First Name: Last Name:

Date of Birth: Language(s) Spoken: English French Other

Health Care/Travel Insurance #: Immunizations Up to Date: Yes No

Allergies/Special Needs/Emergency Medications:

Child's description (Height, Weight, Hair & Eye Color):

Lessons Required: Ski Snowboard No Rentals Required: Ski Snowboard No

Permanent Mailing Address:

Street: City: Province/State:

Postal Code: Country:

Child #2

Dates Required:

First Name: Last Name:

Date of Birth: Language(s) Spoken: English French Other

Health Care/Travel Insurance #: Immunizations Up to Date: Yes No

Allergies/Special Needs/Emergency Medications:

Child's description (Height, Weight, Hair & Eye Color):

Lessons Required: Ski Snowboard No Rentals Required: Ski Snowboard No

Permanent Mailing Address

Street: City: Province/State:

Postal Code: Country:



Parent/Guardian #1:

First Name: _____ Last Name: _____

Local Contact Phone #: _____ Email: _____

Parent/Guardian #2:

First Name: _____ Last Name: _____

Local Contact Phone #: _____ Email: _____

Local Accommodation in Sun Peaks: _____

EMERGENCY CONTACT: (In the event that the parent/guardian(s) listed above are in an accident and unable to pick up the child(ren), the child(ren) can be released to this person)

Note:

- Under *no circumstances* will the child be released to anyone else without previous authorization from the Parent/Guardian.
- Please list someone who is **NOT** travelling with you and *will never be* at the resort with you. This person can be a relative, friend etc., located anywhere in the world.
- Please put their physical address. *PO boxes and RR#'s will not be accepted.* In the event of an emergency proper authorities and/or managers will contact your emergency contact at this address.
- Should the form not be filled out correctly, this may result in a delay at check in time.

Emergency Contact:

First Name: _____ Last Name: _____

Relationship to the child(ren): _____

Contact Phone #:(H) _____ (W) _____ (C) _____

Email: _____

Address

Street: _____ City: _____ Province/State: _____

Postal Code: _____ Country: _____



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Sundance Playschool T:250.578.5474
E: sportschool@sunpeaksresort.com

Please read, initial, sign and date: (To be completed upon first day drop-off)

- I give permission for any medical assistance to be offered and administered to my child (ambulance, patrol or any first aid certified staff)._____
- I acknowledge that Sundance Playschool does not provide food and that I will provide my child(ren) with appropriate lunch/snacks for the duration of their visit._____
- To my knowledge, my child is not currently suffering from, or recently been exposed to, any communicable disease. I understand the facility must refuse entry to children suffering any communicable disease._____
- I permit my child to leave the Sundance Playschool with Sun Peaks Resort LLP sports school instructors to attend pre-booked lessons._____
- In the event of an evacuation, children will be taken to Guest Services, located in the Village Day Lodge._____
- I understand and allow my child(ren) to go on outings (by foot only, and within facility required ratios)._____
- I give consent to the release of any photograph or video material of my child for Sun Peaks Resort LLP and Sundance Playschool marketing purposes around the facility or on the website (no social media)._____
- I understand that if an ambulance is required, Sun Peaks Resort LLP and their staff are **not** responsible for any fees resulting._____

We are a NUT AWARE facility! Please ensure that you are not sending any nut products to the Sundance Playschool.

Parent/Guardian Signature

Date