## Kids' Night Out at Smugglers' Notch Resort Registration Form

Meets at FunZone 2.0

4:00 pm – 9:00 pm

24 hours advance registration required: (802) 644-1180

	NC				
Child's Name: Child's Name: Child's Name:		Age:	DOB:		
Parents' Name(s):					
Condominium #:	Extension #:	Cell Ph	one:		
Names of people allowe	d to pick up your child: _				
Where will you be this ev	vening if we need to read	h you?:			
MEDICAL INFORMATIC	N:				
Allergies: [ ] NO [ ] YES IF YES, PLEASE STATE:					
Medication: [ ] NO [ ]	YES IF YES, PLEASE S	TATE:			
EMERGENCY CONTAC	т				
Name:		Pho	one #:		
Complete Address:					

## RELEASE OF LIABILITY:

I hereby release the FunZone 2.0, which is operated by Smugglers' Notch Resort, Inc., its officers and agents, and any other person connected with the FunZone 2.0, from all liability for any injuries to my child or damages whatsoever arising from his/her attendance at the center. [] I give my permission for my child to receive medical attention from medical personnel if needed and give them permission to transfer my child to an appropriate care facility if necessary

Parent/Guardian Signature		Date:
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Reviewed By: