Loveland Childcare Registration

Child's Name	Birthdate	Age		
Family Address	City	State Zip		
1st Parent or Guardian	2 nd Parent or Gu	ardian		
Name	Name			
Employer	Employer	Employer		
Cell Phone:	Cell Phone:			
<u></u>				
In Case of Emergency When Parer	nt/Guardian is unavailable			
Contact - NOT AT THE AREA (required)			
Name Relationship				
Address	Phone _			
Dentist Address	Phone _			
Doctor Address	Phone _			
	600 West 2 nd Place, Lakewood, CC			
Other				
Food or Medical Allergies	Special Diet			
Chronic Medical Conditions	Medications			
*Loveland will charge \$50 per 10 minutes late of	charge for children picked up			
after 4:00 PM	Signatu	re		
* Loveland will apply Coppertone sunscreen Sl	PF 50 to face and arms Signatu	re		
* My child has permission to participate in any	outdoor activities deemed			
Suitable by the Childcare Staff	Signatu	re		
*I authorize Loveland Ski Are to proceed with	emergency medical attention			
in the event that I cannot be reached.	Signatu	re		
*I authorize Loveland Ski Area to transport my				
	child by foot or by vehicle for			
program or emergency purposes		re		
program or emergency purposes *I understand that a copy of the Childcare Cen	Signatu	re		

Loveland Ski Area Childcare Center Assumption of Risk, Release of Liability, and Indemnity Agreement Please read carefully, this is a legal document

"Released Parties" mean Clear Creek Skiing Corporation doing business as Loveland Ski Area, the United States and each of their insurance carriers, subsidiaries, affiliates, officers, directors, shareholders, members, representatives, assignees, employees, volunteers and agents.

"Activity" and "Activities" mean participation in the Childcare Center; including all indoor and outdoor activities offered by or through the Childcare Center including but not limited to childcare, outdoor and indoor play and recreation, any other events offered by Released Parties; and/or using for any purpose the Released Parties' US Forest Service permit area, property, facilities, buildings, amenities, parking lots, sidewalks, or equipment. "Me", "Myself", and "I", means the adult, being at least 18 years old, who is accepting these terms on behalf of Myself and on behalf of a minor . "Minor" means the minor Participant. The person(s) actually taking part in the activity is referred to as "Participant".

In consideration of being allowed to participate in the Activities, on behalf of Myself and all other Participant(s), I agree as follows:

- 1. Participating in the Activity may be dangerous and involves the risk of physical injury or death. The dangers and risks of the Activities include, but are not limited to: trips, falls, slick or uneven surfaces, high altitude, cold weather, other participants, food and environmental allergies, and communicable diseases/illnesses. I acknowledge that the description of the dangers and risks listed herein is not complete and that participating in the Activity may be dangerous and may include other risks, including, but not limited to the acts, omissions, representations, carelessness, and negligence of Released Parties.
- 2. By signing this Agreement, I, on my own behalf and, on behalf of Minor, acknowledge the risks and dangers associated with the Activities and agree to (1) assume any and all risks of injury or death to Participant resulting from participation in any Activity; (2) waive, release, and agree not to sue or file any actions or claims against Released Parties that are based on, arise or result from, in whole or in part, participation in any Activities, including, but not limited to negligence and premises liability claims; (3) indemnify, defend, and hold harmless the Released Parties from and against any and all liability or damage of any kind and from any suits, claims or demands, including legal fees, attorneys fees, and expenses whether or not in litigation, arising out of, or related to, Participant's participation in the Activity.
- 3. I give Released Parties permission to take and use photographs or recordings of Participant taken during an Activity and use and sublicense such material for any purpose in print, advertisements, films or videos and on line and broadcast presentations of any sort.
- 4. I authorize the Released Parties to call for medical care for Participant or to transport Participant to a medical facility or hospital if, in their opinion, medical attention is needed. I agree to pay all costs associated with such medical care and related transportation.
- 5. By accepting this Agreement on behalf of any Participants other than Myself, I am representing that I have authority to execute this Agreement as either the parent or legal guardian of the Participant.
- 6. This Agreement will apply for every day a Participant engages in any Activity without requiring Me or Participant to sign an additional agreement for each day, season, or year, until a new release of liability and waiver of legal rights is executed by or on behalf of Me or Participant, or I revoke it in writing and that writing is accepted in writing, signed by the Released Parties' authorized representative. All claims arising from or related to any Activity by Participant, including for injury to person or property and/or death shall be governed by Colorado law, without regard to conflicts of law principles, and that exclusive jurisdiction shall be in the District Court County of Clear Creek, Colorado or the United States District Court, District of Colorado . This Agreement shall be binding to the fullest extent permitted by law. If any provision of this Agreement is found to be unenforceable, the remaining terms shall be enforceable to the full extent permitted by law. This Agreement shall be binding upon my assignees, subrogors, distributors, heirs, next of kin, executors and personal representatives.

I HAVE CAREFULLY READ THIS AGREEMENT, UNDERSTAND ITS CONTENTS AND ACCEPT IT, ON BEHALF OF MYSELF AND PARTICIPANT WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE BY SIGNING BELOW AND/OR I ACCEPT IT BY USE OF THE ACTIVITIES.

Date:		Child Name:	
Signature of Parent/Legal Guardian #1		Signature of Parent/Legal Guardian #2	
Printed Name of Parent/Legal Guardian #1		Printed Name of Parent/Legal Guardian #2	
Other person(s) authorized to pick up my child from the Childcar	e Center:		
Names	_Addresses		_Phone
Names	_Addresses		_Phone

Secret Number for Pickup

With a variety of kids in our center each day, to ensure safety we request you pick a secret number only you and staff will know. You or the authorized pick up person will need to let staff know your secret number before your child will be released.

Name of Child: _	
*	
Secret Number:	

What to Bring:

- Diapers/Wipes **, if needed
- Change of Clothes, if potty training
- Winter gear for outdoor play (Coats, hats, gloves, snow pants, boots)
- Water bottle
- Comfort item for transition or nap time, if needed
- Registration form (Easier to fill out at home and bring it with you, but we do have copies at the Center)
- * Please bring diapers if possible; only bring pull-ups if your child is currently potty training and using the potty.
- ** Please label all items with your child's first and last name.
- *** Loveland Childcare is not responsible for any lost items.

Location:

We are located at Loveland Basin to the right of the first set of stairs. If you're skiing at the Valley (learning area), we recommend parking at the Valley and taking the shuttle to bring your child over to the Center at the Basin. At the end of your day, you can drive to the Basin to pick up your child. Please note that traffic tends to get congested on weekends, so it may take 10-15 minutes to exit the parking lot at the Valley on the weekends.

Staying at the Ski Area:

Parents are REQUIRED to remain at Loveland Ski Area while your child is in our care. Weather conditions can change rapidly and if the tunnel or roads close, you may be unable to return to pick up your child.

Hours of Operation:

We are open seven days a week from **8:00 AM to 4:00 PM**. To ensure a smooth experience for everyone, please be aware that a late fee of \$50 will apply for every 10 minutes past 4:00 PM if you do not pick up your child by **4:00 pm**. We kindly ask that you plan accordingly to pick up your child on time.

If we are unable to make contact and speak personally with you and your child has not been picked up by 4:30 PM, it may be necessary for us to contact Child Protective Services for their safety. Additionally, we may have to decline reservations for families who have arrived late for pick-ups multiple times. Thank you for your understanding.

Transition:

We give each child ample time to transition and become comfortable in our center. We also do not want any child to be overly stressed more than needed. If your child has difficulty transitioning and is overly stressed, we will call you to come and pick him/her up.

Please be aware that children aged 1 to 2 are starting to realize you do leave, but they do not understand yet that you will be coming back. If your child falls within this age range, especially if they are traveling or have never experienced childcare before, they may face challenges during the transition.

Illness:

We are a small center with a small staff. Please only bring your child if they are healthy, well enough to go outside and fever-free, without medication, for a full 24 hours. If you are in doubt about keeping your child home, please refer to How Sick is Too Sick

Altitude:

Our Center is located at 10,880 ft above sea level. If your child is experiencing difficulties with the altitude at your current location, we strongly advise against bringing them here, as it may exacerbate their discomfort.

Walking:

We request that your one-year-old can walk proficiently and steadily without relying on furniture for support. It poses a danger to them if they can be easily knocked over by other toddlers.

If you have any questions or need to modify your reservation, please don't hesitate to contact us at 303-571-5580. EXT 118.

We look forward to seeing you!

Best regards, Loveland Childcare Staff