

**ENROLLMENT INFORMATION
AND AUTHORIZATION**

NAME:
DATE:

Child's Name:	Age:	Date of Birth:
Email Address:		
Who is authorized to pick up your child/children?		

PERMISSION IS GIVEN TO MT. HOOD MEADOWS DAY CARE CENTER FOR THE FOLLOWING CHECKED ITEMS:

- My child may be photographed for an activity report card.
- My child may be photographed for classroom display and publicity purposes.

Choose one of the below:

- In an emergency, Mt. Hood Meadows Day Care Center has my permission to take my child to the medical clinic at my expense.

OR

- In an emergency, Mt. Hood Meadows Day Care Center has my permission to obtain medical treatment for my child except for these restrictions.
List, if applicable:

LIABILITY RELEASE

I release Mt. Hood Meadows and its owners, partners, employees, directors, officers, and agents("Meadows") from any liability, for injury or death, or property damage that may occur to my child while at the Day Care Center or while participating in any snow related activities or any use of Meadows facilities premises, or services, whether due to negligence or any other legal theory of recovery, except claims based upon willful or intentional misconduct. I accept full responsibility for all medical expenses incurred as a result of the minors participation in the Day Care Center's activities, including travel and any of its officers, owners, agents, officials and volunteer workers for any damages, injuries or death sustained by _____ (child's name) or for which he or she may be liable to other persons. If any part of this contract is determined to be unenforceable for any reason or in any circumstances, it is intended that all other terms will be enforced in all other circumstances. All disputes between myself and Meadows arising from my child's participation in the Day Care Center Program or any other use made by my child of the premises, facilities or services of Meadows, including claims for property damage, personal injury, and/or death will be governed by the laws of the State of Oregon and the exclusive jurisdiction thereof shall be in the state courts of the State of Oregon, and the venue for these disputes shall be in Hood River County, Oregon.

Parent or Guardian Name (please print): _____

Parent or Guardian Signature: _____ Date: _____