

LUPINE KIDSZONE CHECK-IN FORM

Please email this form to kidszone@viewlineressortsnowmass.com to register



Today's Date: _____ Last Day of Stay: _____ Room #: _____
Reservation Name: _____
Email: _____ Lupine Kids Zone will not share this information with ANYONE!
Child(ren's) Name(s): _____
Date(s) of Birth: _____
Parent/Guardian's Name: _____
Phone #(s): _____
Home Address: _____
City: _____ State: _____ Zip Code: _____
Emergency Contact/Other Person(s) authorized to check out my child(ren):

Relationship(s): _____ Phone(s): _____

By Initialing below you agree to the following Lupine KidsZone Policies & Pricing

_____ I agree to all charges: \$25 per hour with a minimum of 1 hour. Kids meals can be purchased for \$15. We offer 10% discount for 2nd child and 15% discount for 3rd child. Please note that a 22% service charge will be added to all KidsZone programs.

_____ To the best of my knowledge my child does not currently have any of the following conditions:

- Fever
- Infected eyes or skin
- Any type of contagious virus, such as flu, measles, mumps, rubella, or chicken pox
- Any unexplained diarrhea or loose stool combined with nausea, vomiting, or abdominal cramps
- A cold with fever, runny nose, or heavy cough and congestion -to the point of heavy breathing
- Or any chronic disease or illness that would prevent the child from safely participating in the Activities.

_____ Viewline Resort Snowmass reserves the right, in its sole discretion, to disqualify or remove any child from participating in the program at any time if the child exhibits inappropriate or unacceptable behavior (we have a 3 strike policy).

_____ Age-appropriate videos or television programming may be offered and will not carry an MPAA rating higher than PG.

For children younger than 5

_____ My child is completely potty trained.

_____ I understand that Lupine KidsZone does not provide assistance with bathroom needs and I will be called back if the need should arise.

Allergies / Medical / Food Allergies/ Injuries: _____

Current medications: _____

Other Conditions/Concerns: _____

[] My child requires a reasonable modification, auxiliary aid or service or other accommodation to participate in the program.
SEPARATE ACCOMMODATION REQUEST FORM PROVIDED.

NOTICE: KIDSZONE STAFF WILL NOT ADMINISTER MEDICATION TO ANY CHILD IN THE PROGRAM.

PLEASE CHECK ONE

_____ Use the provided Spray Waterproof Sunscreen

_____ Please use the Sun Screen I have provided for my child

