



DEER VALLEY®  
*Academy*  
Pre-school and Child Care

**Deer Valley Academy**  
**Pre-school & Child Care Center**  
*Education – Enrichment – Enjoyment*

*A fully-licensed center under the State of Utah Child Care Regulations*

*Office Use Only*  
Entered by: \_\_\_\_\_  
Date: \_\_\_\_\_

File Last Name, First

**ADMISSIONS AGREEMENT/  
HEALTH ASSESSMENT &  
ACKNOWLEDGEMENT OF RISKS AGREEMENT**

*Please print legibly and complete all areas. The form only needs to be completed once per year. One form per child is required.*

**ADMISSIONS INFORMATION**

Child's Name: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_

Nickname: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender:  Male  
 Female

Parent's Full Name: Last: \_\_\_\_\_ First: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ City/State: \_\_\_\_\_

**Person(s) authorized to pick your child up from the Academy:**

Name 1: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

Name 2: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

**In the event of an emergency, please contact (someone other than yourself):**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

**Out-of-Area/State Contact Name (If available):**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

**HEALTH ASSESSMENT**

**Does your child have any known allergies or sensitivities to:**

	No	Yes	If yes, please list:
Medications	<input type="checkbox"/>	<input type="checkbox"/>	_____
Foods	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____

**Illnesses or Medical Conditions - Does your child have any of the following:**

	No	Yes		No	Yes
Asthma	[ ]	[ ]	Visual Impairment	[ ]	[ ]
Diabetes	[ ]	[ ]	Developmental Delays	[ ]	[ ]
Seizures	[ ]	[ ]	Physical Impairment	[ ]	[ ]
Heart Problems	[ ]	[ ]	Behavioral or Emotional Problems	[ ]	[ ]
Hearing Impairment	[ ]	[ ]	Other: _____		

**Is your child on any medications?** [ ] Yes [ ] No (Deer Valley Academy will *not* administer any medications.)

**List any additional health information or special instructions you feel we need to be aware of:**

---



---



---

**ACKNOWLEDGEMENT OF RISKS AGREEMENT**

*Parents, please read carefully.*

- I GIVE MY CONSENT for the minor child listed on this form to participate at Deer Valley Resort Company's *Deer Valley Academy* child care and pre-school center (hereafter referred to as 'Deer Valley Academy'). I agree to abide by any and all rules and policies of Deer Valley Academy as outlined on this agreement and registration form.
- I UNDERSTAND AND AGREE that risks and hazards are not eliminated simply because the minor is participating in activities under the supervision of the Deer Valley Academy and its employees.
- Regardless of whether my child skis or not, I understand that my child may encounter many RISKS, DANGERS AND HAZARDS associated with his or her activities or the actions of others at Deer Valley Academy, including but not limited to tripping, falling, choking and the deliberate or negligent acts of others.
- I am aware that snow skiing, ski racing, freestyle skiing and related activities also involve many natural, man-made, unmarked and marked RISKS, DANGERS AND HAZARDS, including but not limited to changing weather, all snow and light conditions; variations in terrain (natural and man-made); moguls, forest growth, trees, stumps, cliffs, drop-offs, bare spots, rocks and debris, lift towers, snowmaking hydrants, water pipes, signs, posts, fencing, and rope-lines; incidents relating to chairlift loading, riding and unloading; man-made terrain features, including but not limited to rails, boxes, dips, rolls, jumps, boxes, banked turns and spines; exceeding my child's (if applicable) skiing ability; equipment failures, collisions, and the negligence of others. I also understand that my child may encounter such risks **AT ANY TIME OR PLACE**, and that **SERIOUS INJURY OR DEATH MAY RESULT regardless of whether my child is skiing or not**. I, nevertheless, have made a voluntary choice to enter my child in the Deer Valley Academy.
- FOR PRE-SCHOOL AGE CHILDREN ONLY (Ages 3-4 years): I AM AWARE THAT EVEN THOUGH MY CHILD WILL BE ACCOMPANIED ON THE CHAIRLIFT BY AN ADULT, MY CHILD MAY BE SUBJECT TO THE SAME RISKS, DANGERS AND HAZARDS AS IF HE OR SHE WERE RIDING ALONE. I acknowledge that the fact that Deer Valley Academy is providing skiing instruction to my child does not change the risks, dangers and hazards of skiing and lift riding, loading or unloading.
- FOR PRE-SCHOOL AGE CHILDREN ONLY (Ages 3-4 years): I understand that curriculum for my pre-school age child (if applicable) will be enhanced by field trips, classroom visitors and hands-on learning. I also understand that Deer Valley Academy can offer students a unique opportunity for physical development by using skiing, hiking, rock climbing and gymnastics to enhance their pre-school experience.
- I GIVE CONSENT to Deer Valley Academy to provide any and all emergency first aid treatment and/or refer treatment to a duly licensed physician (MD), dentist (DDA) or other medical provider to the participant. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of the participant. I authorize said minor's transportation to a medical facility, at my expense, as deemed necessary by Deer Valley Academy.
- I hereby grant exclusive permission to Deer Valley Academy, Deer Valley Resort, and its agents to use my child's name and photograph for the purpose of publicity, public relations, editorial or other advertising purpose without restriction as to frequency or duration. I also agree that neither my minor child nor I will be entitled to any compensation in exchange for my granting exclusive permission to Deer Valley Academy, Deer Valley Resort and its agents.
- To the extent any portion of this Agreement is deemed unenforceable, the remaining portions shall remain in full force and effect. Any legal action against Deer Valley will be brought in Summit County, Utah.
- I HAVE READ, UNDERSTAND AND AGREE TO ALL THE ABOVE POLICIES AS DESCRIBED IN THIS AGREEMENT. I UNDERSTAND THAT FAILURE TO FOLLOW ANY CHILD CARE CENTER OR STATE OF UTAH POLICIES MAY LEAD TO DENIAL OF THE CHILD'S PARTICIPATION IN THE PROGRAM. I VERIFY THAT I AM THE PARENT OR LEGAL GUARDIAN OF THE MINOR AND I AM OF AUTHORITY TO ENTER INTO THIS AGREEMENT ON BEHALF OF THE SAID MINOR AND MYSELF, AND I AGREE TO BE BOUND BY ITS TERMS.

**For myself as an individual and as the parent or guardian of my child, by signing this Acknowledgement of Risks form, I acknowledge and agree to all of the foregoing.**

\_\_\_\_\_  
Print Name of Parent or Guardian

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date